



Borough of Weymouth & Melcombe Regis

HISTORICAL REVIEW
of the Health Services and
ANNUAL REPORT
of the
Medical Officer of Health
for
1972 & 1973



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MEDICAL OFFICER OF HEALTH
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1972 & 1973

G. E. THOMAS, M.B., B.S., M.F.C.M., D.P.H., D.R.C.O.G:
Medical Officer of Health

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HEALTH & HOUSING COMMITTEE
1972 & 1973

THE MAYOR (Councillor R. G. Gainey) 1972

THE MAYOR (Councillor L. W. King) 1973

Councillor R. H. Clayton (Chairman)

Councillor A. G. Bown (Vice-Chairman)

Ald. Mrs. L. M. HILL

Councillor Mrs. B. D. P. HALL

Ald. Mrs. I. A. LEGH

Councillor J. W. C. JENNER

Ald. Mrs. F. G. THOMAS

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Councillor A. CHEDZOY

Councillor H. McGRATH

Councillor Mrs. J. F. FRY

Councillor Mrs. M. E. STEWART

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health:

E. J. GORDON WALLACE, M.B., CH.B., D.P.H.
(Retired 8th January, 1972)

G. E. THOMAS, M.B., B.S., M.F.C.M., D.P.H., D.R.C.O.G.,
(from 1st March, 1972)

Deputy Medical Officer of Health:

K. J. KIMMANCE, M.B., B.S., D.P.H., D.R.C.O.G.
(Resigned 29th February, 1972)

D. C. PINDER, M.B., B.Chir., D.P.H.
(Appointed 1st August, 1972)
(Resigned 28th February, 1974)

Chief Public Health Inspector:

†*‡ H. HANDSCOMB, M.A.P.H.I.

District Public Health Inspectors:

†* R. G. S. NEWBOULD
(Retired 27th May, 1972)

†* A. L. HARRIS, M.A.P.H.I.

†* D. A. DOLPHIN, A.R.S.H., M.A.P.H.I.

†*‡ A. J. HESLOP
(from 1st April, 1972)

Assistant to Public Health Inspectors:

A. R. SMITH
(Retired 21st February, 1972)

A. E. SPICER
(from 1st March, 1972)

- † Certificate as Public Health Inspector
- * Meat and Food Inspectors Certificate
- ‡ Smoke Inspectors Certificate

Public Analyst:

H. DEDICOAT, F.R.I.C.

Deputy Public Analyst:

R. L. KIDMAN, F.R.I.C.

(Resigned 31st December, 1972)

D. C. SYMONDS, M.Chem.A., F.R.I.C.

(from 1st January, 1973)

Clerical Staff:

F. H. HOUSE

Mrs. J. HULL

(Resigned 31st March, 1973)

Mrs. S. HUTTON

Mrs. P. NEELS

(from 1st April, 1972)

Health Centre,
Westham Road,
Weymouth.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit the Annual Report on the Health and Sanitary conditions of the Borough for the years 1972 and 1973.

Inevitably there is always a considerable interval between the end of the year under review and the presentation of the report. Some of the statistics required, which are produced by the Registrar General and others, are not available for several months; subsequently some parts of the report have still to be prepared and the printing process takes further time. As you are well aware, changes will take place in April 1974 due to the reorganisation of Local Government and also of the National Health Service. Among many other effects, these changes will abolish my post and will divide my functions and responsibilities between new authorities. This is, therefore, the last report which I shall make to you, and, in order that the information given should be as complete as possible, I have waited until the local data for the year 1973 have been prepared. There has been, in fact, no instruction from the Department of Health and Social Security to make an annual report in the usual form for the year 1973, as has previously been required under the Public Health Officers' Regulations. Nor, indeed, will there be any equivalent in the future and thus, in my opinion, a valuable source of local information and commentary will be entirely lost.

The Medical Officer of Health as an officer of the Local Authority has existed since 1847, though it was not until 1872 that the Public Health Act of that year made the appointment statutory and compulsory for all local authorities. During the succeeding hundred years his duties have remained basically unchanged as guardian of the health of the community; there have, however, been profound alterations in the type of problems which face him, the knowledge which he requires to fulfil his functions, and the standard of environmental hygiene at which he must aim.

In this report, therefore, I feel it is appropriate to set out in some detail the progress which has been made here during this century of Public Health.

The story relevant to this Borough, although certainly of local interest, is not by itself of any exclusive significance. In nearly all respects it merely reflects what has taken place throughout the country. Nevertheless, I think that to compile the information in this form will serve a number of useful purposes. By revealing long term trends it will be helpful in planning future services in the area; it will show those aspects in which improvement is still most necessary and will thus indicate future objectives; most important of all, it will define exactly the work of the Local Authority Health Services — work which after the abolition of those Services must continue and for which some named officer must still be accountable. In view of the dichotomy between the personal and environmental health services which will occur at the time of Re-organisation it is essential that no aspect should fall neglected between the two.

The exact division of responsibility can only at present be conjecture, as some topics are still under negotiation. The unified Health Service will be administered largely by a number of Area Health Authorities, the geographical size of which will correspond roughly to that of the present County Authorities. Each area will contain a small number of Districts, each of which will have a District Management Team. These districts will be orientated round the catchment areas of the former Hospital Groups, and will thus usually contain more than one of the new Local Government Districts.

Health functions which are under the control of the new Local Government District Authority will fall within the province of the new Chief Environmental Health Officer. He — and other District Officers — will be able to call on the advice of a designated Medical Officer of the Area Health Authority, who will be approved by the District Authority but who will no longer be a Local Government Officer. A new situation will arise when a local problem concerns matters administered by the Area Health Authority, since the District Authority will no longer have a Medical Officer to speak for them at that level. At such times a key role will be played by the District Community Physician, who will be a member of the District Management Team and who will be concerned with assessing local needs, planning the allocation of resources and maintaining liaison with Local Government. Apart from the Area Health Board, there will be lay representation on Community Health Councils which, although they will have no executive powers, will provide a forum for suggestions and complaints; it will be necessary for their opinions to be sought in the course of planning.

During these radical changes a good deal of re-organisation and re-adjustment will be required by both Officers and elected Members. This is a time of great opportunity; I know that you will be anxious to establish and maintain a close relationship with the new Health Service, which I am sure in its turn will seek to serve the public in the best possible way.

In expressing my thanks to all my staff for their hard work during the past two years, I am well aware that, in addition to their usual duties, the preparation for re-organisation has caused additional burdens for some and has also brought personal problems to several. In the preparation of this report I wish to thank particularly the Chief Public Health Inspector, Mr. H. Handscomb, who has written the review on Environmental Health, and my Deputy, Dr. D. C. Pinder, who is responsible for the section on the Personal Health Services.

In conclusion I am grateful to the Members of the Town Council, especially the Chairman and Members of the Health and Housing Committee, for their courtesy and assistance.

I have the honour to be,

Your obedient Servant,

G. E. THOMAS.

A HISTORY OF THE HEALTH SERVICES IN WEYMOUTH

“Those who carry on great public schemes must be proof against the most fatiguing delays, the most mortifying disappointments, the most shocking insults and, what is worst of all, the presumptuous judgement of the ignorant.”

Edmund Burke
(1728—1792)

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health

1873—1890	Dr. Henry Tizard
1891—1902	Dr. Benjamin Browning
1902—1905	Dr. T. Henry Jones
1905—1930	Dr. W. B. Barclay
1931—1936	Dr. F. W. Oldershaw
1937—1971	Dr. E. J. Gordon Wallace
1972—	Dr. G. E. Thomas

This post was made mandatory for all local government authorities by legislation in 1872 and the following year the first appointment was made here at an annual salary of £30. Originally the Medical Officer of Health was re-appointed annually, later extended to three-year periods, and in 1897 Dr. Browning was re-appointed for five years “subject to good behaviour”, though unfortunately he did not survive to complete this term. The condition imposed in this instance may reflect the Council’s anxiety about their chief officers, for they had some time previously dismissed the Clerk for neglect of duty and the Surveyor because they had no confidence in him.

The annual report of the Medical Officer of Health was instituted in its present form in 1902. It quickly achieved prominence as the principal document available to the public in which the Council’s policies were commented on by one of their own officers. The statutory duties of the Medical Officer of Health and his concern for better health by the improvement of living conditions often led him to comment adversely on measures taken or neglected by the council, but if he expressed such opinions openly he had no protection against any reprisals by his employers. He could, of course, claim an eminent precedent in that John Simon, the first Medical Officer of Health of London, was a brilliant and fearless critic of existing sanitary conditions. There is no doubt that in many authorities great pressure was used by councils in an attempt to censor the annual report when they considered that it reflected poorly on their efforts. The danger did not deter Dr. Barclay, who with considerable courage in a series of lucid and detailed reports repeatedly urged reforms which he felt were not being given a sufficiently high priority. Some of his introductory remarks from year to year left no doubt about his intentions.

“I have endeavoured to speak plainly, though I trust not discourteously, as to the sanitary condition of your

District, believing, to speak figuratively, that when the cancer exists the surgeon's knife must be used, and that nothing is to be gained by concealment of the ailment."

"It seems to be a generally accepted idea that the Annual Report of the Medical Officer of Health, apart from the vital statistics, should consist principally of panegyrics of his district, and that all sins of omission and commission should be strictly taboo."

"It is the misfortune of Medical Officers of Health that they are called on by the Board above, year by year to lay bare certain unpalatable truths, which are rarely relished by those concerned in the administration of affairs. However disagreeable it may be alike to the giver and the receivers, it is, in my opinion, like the bitter tonic administered by the medical profession to patients who are a little below par, and though unpleasant for the moment, stimulates them up for more energetic work in the future."

On the other hand, he was not sparing in his congratulations to the Council, or to the Health Committee in particular, when some looked-for improvement had been secured.

The Council's power over its Medical Officer was finally removed in 1919, since which time only the Ministry of Health had the authority to dismiss the Medical Officer of Health, who could expect that in most controversies the Ministry's views might be closely akin to his own. Paradoxically later reports became milder in tone and in 1925, writing from a position of much greater security, Dr. Barclay said almost apologetically that he hoped his criticisms would be accepted "in a sportsman-like manner".

Since that time, subsequent Medical Officers have not deemed it necessary to castigate the Council in print. Indeed, it would cause a major sensation were it to happen now. In former times Councillors were somewhat lacking in knowledge of the dreadful circumstances in which the poorer people lived: forceful speaking was therefore required. In these days Members have first hand experience of most of the matters under discussion and can therefore consider them much more objectively.

The end of the nineteenth century probably marked the culmination of the great movement for environmental sanitary reform, though nearly all local authorities were left with circumscribed areas which required comprehensive treatment. From that time onwards interest and effort were directed in-

creasingly towards personal health. This second phase has in Weymouth been dominated by the figures of Dr. Barclay and Dr. Gordon Wallace, whose aggregate service totalled nearly sixty years. Dr. Wallace was, in fact, the first Medical Officer of Health to live to retire from the post — a new precedent which I hope very soon to follow.

Deputy Medical Officer of Health

For several decades no deputy was appointed here. The Medical Officer of Health's absences on holiday, etc., were usually covered by reciprocal arrangements with a neighbouring authority. During the First World War the work increased considerably, both on account of the less favourable general conditions and also the large numbers of service personnel who were stationed or billeted in the area. For the period of this emergency, therefore Dr. W. Bowden, D.S.O., was appointed as Deputy Medical Officer of Health. He was a former Deputy-Inspector-General and in the event his service experience was particularly useful.

After the war the former arrangements were resumed and throughout the 1920's Dr. Barclay continually commented on his need for a deputy. Initially he termed it "desirable", but after the appointment, approved by the Ministry of Health in 1925, had been refused by the Council he described it as "very necessary" and finally "imperative".

The extension of the Borough boundaries in 1933 increased the area fourfold and the population by more than 25 per cent, but still no additional medical help was forthcoming. After the death of Dr. Oldershaw in 1936, Dr. Thomas Gibson was the acting Medical Officer of Health until the appointment of Dr. Wallace the following year. Dr. Wallace continued alone until he went on active service in 1945, though he had some assistance during the wartime emergency period. During his absence his duties were carried out by Dr. Charlotte A. G. Ward assisted by Dr. Kathleen Barnes. On Dr. Wallace's return in 1946, Dr. Ward was appointed as the first permanent Deputy Medical Officer of Health, and she held the post until her retirement in 1964. Since that time the following have held office:

1964—1965	Dr. Peter M. Fea
1966—1970	Dr. Pauline Seymour-Cole
1970—1972	Dr. K. J. Kimmance
1972—	Dr. D. C. Pinder

Public Health Inspectorate **Inspector of Nuisances**

1851—1860	John Jenkins Rolls
1879—1886	Robert Andrews Ayles
1887—1908	Joseph H. Keeley

Chief Sanitary Inspector₁

1909—1948	F. A. Fanner
1948—1949	L. H. Vale
1949—	H. Handscomb

Sanitary Inspectors₂

1908—1931	Mrs. A. Lethbridge
1935—1936	G. F. Mellor
1936—1972	R. G. S. Newbould
1939—	A. L. Harris ₃ (on active service 1942—1946)
1964—	D. A. Dolphin
1972—	A. J. Heslop

₁Title changed to Chief Public Health Inspector in 1957

₂Title changed to Public Health Inspector in 1957

₃Senior Public Health Inspector 1973—

The first officer with responsibilities for environmental health was appointed in 1851, over 20 years before the advent of the Medical Officer. His title, Inspector of Nuisances, indicated the scope of his duties; he was expected to deal largely with offences which had been committed, rather than to provide any preventative or advisory service. It is unlikely that he made very much impact, for in 1860 the Council decided that his work could conveniently be done by the Superintendent of Police, and the Inspector was dismissed. This arrangement continued until 1879 when an Inspector was once again appointed. In the interim, affairs continued without any clear direction and situations of special difficulty were met by whatever means were available at the moment. In 1871 the Council granted an additional payment of £20 each to the Superintendent of Police and to the Surveyor for their services in the smallpox epidemic of that year.

In the latter part of the nineteenth century a more positive policy was adopted; the Medical Officer and the Inspector together collected a vast amount of detailed information about the housing and sanitary conditions in the Borough. This data was used to press for improvements in a logical order of priority and in the course of time the objectives were achieved.

The increasing work of the Department was facilitated in 1908 by the appointment of Mrs. A. Lethbridge as Health Visitor and Sanitary Inspector. She was able to take over duties such as the inspection of midwives and female workers, formerly carried out by the Medical Officer, but she also did a fair proportion of the general inspections. At the close of the same year there was an unfortunate occurrence leading to the dismissal of the male Inspector and shortly after this Mr. Fanner commenced his long and excellent period of service. His successor after a short interval was Mr. Handscomb, a man of equal ability, who fortunately will remain in office to guide the Department through the present period of re-organisation.

Attempts had been repeatedly made to augment the

Inspectorate which had remained unchanged in spite of increases in area and population, but it was not until 1935 that a second full-time Inspector was appointed. The number has since increased by progression to the present four, which is still well short of the recommended one for every 10,000 of the population. When the additional holiday population and the special problems associated with a coastal resort are taken into account, it is only by the greatest efforts that the service has been maintained at its present high standard. Much of the increasing burden has been absorbed by two other diligent and long serving inspectors, Mr. Newbould and Mr. Harris.

Thus during the present century the majority of the responsibility has fallen on six officers — two medical officers and four inspectors, two of them are still in post — whose aggregate service totals over 190 years. The Borough is indeed fortunate to have had such continuity in the Public Health Department, whose statutory powers are often only exercised to best effect when allied to extensive local knowledge.

Public health policy and practice has undergone radical changes in the century and a quarter since it became a function of the local government authority. No longer are the majority of the population living in conditions inimical to their health or even to their very existence. Here and there some improvements are still desirable, it is true, but the basic standards of housing, hygiene and services no longer require sweeping alterations. With the departure of many of the former evils, the accent has in recent times been much more on preventive measures and advice rather than on cure and prosecution.

This does not mean that the work has become either simpler or easier. As standards rise a more detailed and expert examination of all the circumstances is necessary if further improvement is to be made. Modern technology has also brought its own problems. The air we breathe, the ground we walk on and the water which surrounds us are all being increasingly contaminated by noise, chemicals, waste products and rubbish. As our population rises and our dependance on science becomes greater the natural conditions which were our heritage and in many ways our pleasure are all being seriously affected. Mankind may, of course, become adapted to the changes, but much will be lost in the process. It is far better to conserve these benefits, which are all too often lost altogether before they are missed.

Research and planning have a major part to play in this field. Nevertheless much can be achieved at a more local level. It may be significant that after re-organisation the long established title of the Public Health Department will be changed to become the Environmental Health Department. This alteration symbolises the greater concern for wider issues affecting health. Although the new Department will no longer have a medical officer at its head I am certain that it will view its responsibilities on a broader basis more suitable to present day needs.

VITAL STATISTICS

The birth and death rates in any particular place have long been recognised as indicators of living standards and health, though their precise significance has not always been interpreted correctly. They have always been an integral part of the Medical Officer's report, accompanied by a commentary which, in the early days at least, made a number of recommendations for improvement.

In order that the rates may be correctly calculated, the first requirement is to know the population concerned. This is obtained either from the decennial census or the Registrar General's estimate in the intermediate years. It is then necessary to know all the events of birth and death which relate to that particular population. For many years this was not properly considered and it was assumed that little error would result if the same geographical area was used for each purpose. As far as births were concerned, the method was fairly accurate, since nearly all took place in the home; in the case of deaths, however, a place such as Weymouth was at a great disadvantage on account of the large numbers of holidaymakers and other visitors, a few of whom would die suddenly. The difficulty was finally overcome by the system of "transferring" births and deaths to their areas of domicile. Initially comparison of the figures was made with those for England and Wales, which were subdivided into large towns, small towns and country. This, of course, took no account of the age structure of the population and it was only to be expected that in a popular retirement area the increased numbers of elderly persons would affect both birth and death rates. Finally, the anomaly was removed by the introduction of the comparability factor, which enabled comparison with a standard population of the same age structure.

Birth Rate

At the beginning of this century the annual birth rate in Weymouth was 25 per 1000 of the population, that for England and Wales being about 30. It declined steadily to reach 20 in 1910, 15 in 1922, and a low of 12 per 1000 in 1933, running always appreciably below the rates for the whole country. Since then there has been a recovery to about 17 in the early 1960's, and another decline since then. War years always cause violent fluctuations, due to the movements and break-up of families, and also to the uncertain future. In addition the illegitimate birth rate rises abruptly at such times and in 1916-1919 here it reached over 10% of all births.

The birth rate here has always been a low one, even when the population structure is taken into account. It was frequently referred to by the early Medical Officers as "unsatisfactory" or "inadequate", though it is difficult to understand this at a time when the housing shortage was so acute and overcrowding was so widespread.

Death Rate

During the first quarter of this century the death rate in Weymouth, even uncorrected, was appreciably below that for

England and Wales and during that time it declined from about 15 to about 12 per thousand of the population. There has been little change since. Although these figures have generally been very favourable, Medical Officers have frequently pointed out that in reality the situation was even better. Sudden death of holidaymakers due to accident or acute medical conditions was often alluded to in the early days when these deaths were assigned to the areas in which they took place. The following passages are of interest:—

1910 “The figure still includes a considerable number of deaths of persons who are only visitors in the Borough, many having come in search of health and only with a faint hope of prolonging life. It is not permissible to exclude any such deaths, though we are not allowed to add these on to the population as residents.”

1917 “This large figure is attributable to the fact that dead bodies picked up at sea are brought to Weymouth and are added to the deaths of inhabitants of the district where not otherwise known; also to a slighter degree that some few deaths in the County Asylum are entered there as from Weymouth Workhouse and, unless otherwise traced, add to our total.”

The population of the Borough at the turn of the century was a little under 20,000 and by 1932 it had risen just above 22,000, which was less than would have been accounted for by natural increase due to the excess of births over deaths. The extension of the Borough in 1933 increased the population to nearly 30,000; since then there has been a period of faster growth, reaching 34,000 in 1947 and then climbing steadily to the present 42,000.

With the exception of the Naval dockyard and the firm of Wellworthy Ltd. there are no large employers of labour or other projects which would cause significant population variations; though in recent years the Atomic Energy Establishment at Winfrith has been responsible for some inward movement which has affected this area to some extent.

Infant Mortality

The number of deaths of children under the age of 1 year is probably the most significant figure of all in relation to the population's state of health. For much of the nineteenth century the rate was of the order of 200 for every 1000 live births, i.e. one child in five did not survive until its first birthday. At the turn of the century the rate was still well into three figures and when in 1908 it dropped below 100 Dr. Barclay commented: “any rate which consists of only two figures may be considered a favourable one”. Since that time, with rising living standards and improving medical care, there has been a steady decrease and for the last 20 years it has been in the region of 20. Of these, the majority are not preventable in the present state of our knowledge.

INFECTIOUS DISEASES

The first epidemic, in Britain, of a disease which we can identify with certainty originated in Weymouth from a ship which arrived on July 7th, 1348. During the succeeding twelve months the Black Death spread throughout England and from that time onwards bubonic plague continued to occur in epidemics in this country until 1666.

Knowledge of the agents causing infectious diseases — mostly bacteria or viruses — is historically new. Prior to about 1880 the only way of classifying these diseases was by their signs and symptoms; the ways in which they were transmitted from one person to another were also in most cases unknown. It is interesting to find a minute recording on August 9th, 1854, that “an epidemic of diarrhoea was prevalent in Weymouth and steps should be taken to subdue it.” What methods were adopted is not stated but it is unlikely that they had any radical effect.

By the time the necessary knowledge had become available the Medical Officer of Health had already been in existence for some years. A system of notification to him of all cases of the more serious infectious diseases was soon instituted and in the ensuing period he developed a technique for investigating these cases with a view to limiting the spread. Such investigations have become more sophisticated with the passage of time and at the present day large resources can be quickly mobilised to deal with any outbreak of a serious disease. Artificial protection against disease by means of vaccination has in the case of smallpox been widely practised for over 100 years but it is only in the last 40 years that similar procedures have come into use against an increasing number of other infections.

Today such infectious diseases as are at all widespread in this country are relatively mild and are unlikely to threaten life or have any serious after effects. Others can be rigidly controlled as soon as they occur. But it is only by a planned and continuing campaign that this situation can be maintained.

Smallpox

One of the most serious and highly infectious of all transmissible diseases and a scourge in this country for centuries. The last epidemic to affect Weymouth occurred in 1871 and although there have been extensive outbreaks in other parts of the country since, only sporadic cases have been recorded here. Medical Officers have successively given great attention to any actual or even suspected cases and it is largely due to their diligence that, in spite of the increased risk due to the large number of visitors and persons in transit, no further outbreaks have occurred.

In earlier years great efforts were necessary in order to secure adequate isolation facilities locally and protection by vaccination was only maintained at an acceptable level by continuous hard work by all the staff of the Department. Today facilities are organised nationally and the emergency arrangements have become so efficient that vaccination of the general population has been discontinued. It is the aim of the World Health Organisation to eradicate the disease completely within the next decade but until that goal is achieved there will always be the threat of a sudden importation which could occur anywhere at any time.

Diphtheria

Another serious infectious disease, both on account of its high mortality and the often permanent after effects. Prevalent and persistent in this country from the middle of the 19th century, it was never absent from Weymouth since the time records are extant. There was an increase during the 10 years prior to the First World War, though during this time antitoxin treatment first was used and had some favourable effect on the mortality. There was a recrudescence throughout the 1930's and when in 1934 protection by immunisation became available the situation was most favourable to its reception; at this time diphtheria was the commonest cause of death of children aged 5—9 years. Again due to the efforts of Health Departments a high rate of immunisation was achieved and has here been maintained. No cases have occurred in Weymouth since 1948 but continued freedom depends on the inoculation programme being universally accepted.

Scarlet Fever

A widespread disease among children and in some years earlier in this century it was the most common infectious disease of all. At that time it caused many deaths. Since then, however, there has been a remarkable decline both in the infectivity and in the virulence of the condition. During the last two decades a few cases have been notified here every year, but others must occur which are so mild that they are not brought to the notice of the general practitioner.

Anterior Poliomyelitis (Infantile Paralysis)

This disease did not achieve prominence until early in the present century when it began to appear in epidemic form in consecutive areas, hardly a year going by without some such event. In many ways it can contrary to the usual pattern, in that its upsurge took place at a time when living conditions were rapidly improving and it did not attack mainly those in poorer circumstances. Weymouth was remarkably fortunate

during the succeeding 40 years, only isolated cases being recorded, but the numbers rose more in accordance with the national pattern between 1946 and 1956. In this instance again, immunisation was introduced at a time most favourable to its acceptance and on this account no cases have occurred here in the last 15 years. Once more I must emphasise that the position could quickly deteriorate through apathy or neglect.

Enteric Fever (Typhoid and Paratyphoid)

These diseases are nearly always spread in water or milk, or occasionally in foods which have been in contact with contaminated water. Every single occurrence requires the most thorough investigation by the Medical Officer of Health because it may potentially cause an extensive outbreak. It happens that no such event has occurred in Weymouth and the incidents have been limited to half a dozen cases at the most. Much detailed work has been done on individual cases, most of which have occurred in holidaymakers and visitors to the town. A number of the earlier ones were attributed to shellfish eaten raw which had been culled from water heavily polluted with sewage.

Outbreaks of these diseases become increasingly unlikely with the continued improvements in water supply, drainage and food hygiene. Recent events elsewhere, relating to tinned and other processed food, show that vigilance is still necessary.

Food Poisoning

Unlike those preceding, this is not a specific infection. It can be caused by a variety of organisms which can live for a considerable time in food and most of which are comparatively common in the environment. Large scale catering and bulk preparation of pre-packed food — both of which are common practice in a holiday resort — make extensive outbreaks of food poisoning much more likely. Incidents of this sort in the Borough during recent years were the outbreaks in 1947, 1951, 1956 and 1969, involving 65, 20, 82 and 28 cases respectively. This is, in point of fact, an extremely good record and the relative smallness of these figures is much to the credit of the Public Health Inspectors, whose work does a great deal to maintain a high standard of cleanliness in food handling.

Tuberculosis

This disease again is different from those considered above in that it does not occur in epidemic form with wide fluctuations in the number of cases. It is chronic and not highly infectious, but because it is usually of insidious onset most cases are infectious for a variable period before they are diagnosed.

It has been an important cause of death over several centuries and the progress made towards its eradication in this country has employed the whole range of preventive measures; improvement of living conditions and general health; early detection and adequate treatment of cases; tracing and investigation of case contacts, and finally, protection by immunisation. In the early 1900's there were in the Borough between 20 and 50 known deaths from tuberculosis annually; during the last 15 years the average has been less than two.

For some years tuberculosis was not included among the notifiable diseases, though the desirability of this was frequently urged by the Medical Officer of Health. At that time he arranged for terminal disinfection of rooms in which the patients had been, but was not usually able to do so until after the patient had died. Notification became compulsory from Poor Law Institutions in 1908 and generally in 1911, but in the succeeding years Dr. Barclay felt that he was only being told when patients were in a very advanced state of the disease. Later the number of notifications increased and he commented:

1917 "A considerable number of these are direct importations, coming into the district while suffering from the disease."

1918 "The increase is more apparent than real and has been caused by the stringency of the Food Control. Many borderline cases now found it necessary — in order to secure an extra allowance of fats and food — to have their cases notified to the Local Sanitary Authority, otherwise their medical certificates were useless".

Although the number of deaths declined steadily to a dozen or less per annum in the 1930's, the number of notifications remained high for another 20 years. This was the period of improvement in methods of diagnosis, so that cases were being treated earlier. With the advent of more effective drug treatment and a much greater permanent cure rate the incidence has now also reached low levels. A further improvement can be expected when the present routine immunisation of secondary school children makes its full impact.

Influenza

Not notifiable, but easily the most common epidemic disease in our community today. Numerous epidemics in this century, varying very much in severity and attack rate. That in 1919 was undoubtedly the worst, but the so-called "Asian 'flu" in 1957 was also notable. Immunisation can give some protection, but its duration is short and it is not effective against new strains of the influenza virus which are continually evolving.

ENVIRONMENTAL HEALTH SERVICES

Now that Local Government is being reorganised and the new District Authority embracing both Weymouth and Portland will come into operation on 1st April, 1974 the time is perhaps appropriate to review the work carried out by the present staff of Public Health Officers and our predecessors over the last century or so.

A few years ago the late Mr. Henry Wolff and our present Librarian Mr. J. A. C. West compiled a very interesting collection of abstracts from the minute books of Weymouth Corporation and the earlier Local Board of Health covering the period 1800 to 1899 and I have been fortunate to be able to refer to these as well as Annual Reports of the Medical Officer of Health from 1902.

As far as I can make out, the Town Council first appointed an "Inspector of Nuisances" in October 1851 following the formation of the new "Local Board of Health" in August of that year. It seems he had no salary on appointment but was given a salary of 15s. per week from the following March. At that time there was no Borough Surveyor and in 1858 the Corporation was still of the opinion that such an appointment was not necessary!

For reasons I have not ascertained, the Council decided in 1860 that duties carried out by the Inspector of Nuisances might be more efficiently performed by the Superintendent of Police at an additional salary of £15 per annum and thereupon the Inspector of Nuisances was given one month's notice! In the following month of that year the Local Board of Health appointed a Surveyor . . . "to all the Trusts of the Borough Council at £40 per annum".

The appointment of Inspector of Nuisances (and later "Sanitary Inspector") was held by various gentlemen for quite short terms until 1909 when Mr. F. A. Fanner was appointed as Sanitary Inspector. Mr. Fanner served the Borough for the ensuing 39 years and retired in 1948. I met him soon after my arrival in Weymouth at the end of 1949 but my two colleagues Mr. R. G. S. Newbould and Mr. A. L. Harris worked with him for a number of years and they, and in fact all who knew Mr. Fanner, held him in the highest esteem. There is no doubt that he was a driving force and he invariably carried out his very difficult duties without fear or favour. He is still remembered with affection by those who knew him and worked with him and, from records in the office, there is ample proof that he spent his working life carrying out far more than was required of him in furthering the interests of public health in our Borough.

Mr. Fanner was in office in difficult times when the Sanitary Inspector was, of necessity, more of an enforcement officer than his successors — the present-day Public Health Officers. Times have changed to such an extent that threats of legal action are seldom necessary and, in the majority of cases the Public Health Officer needs only to explain reasons for his public health requirements to get ready co-operation.

From the earliest days of the “Inspector of Nuisances” the Health Department has had the responsibility for dealing with complaints of all kinds — very often sorting out complaints which have little or no bearing on public health! In the early days there were problems with drainage, primitive forms of sanitation — such as earth closets and privies; problems over water supply, diseased meat, disinfection after infectious disease, disinfection following complaints of fleas, bugs, lice, cockroaches and so on. Early reports of the Medical Officer of Health give a good picture of the difficulties which were encountered: the reports never refer to co-operation — there is a note of “enforcement” in everything but we must pay tribute to Mr. Fanner and his predecessors for the sterling work which they accomplished, often under tremendous difficulty.

The pattern of public health work is changing all the time and problems today are different from the problems which faced the Department before the last war. The massive task of clearing unfit houses was largely dealt with by the commencement of the 1939-45 war. The present-day shortage of houses cannot be said to be purely a post-war problem — Dr. Barclay’s annual reports were constantly referring to “500 people on the housing list” and the high incidence of overcrowding in the town. The early reports also had a lighter side — they frequently refer to overcrowding and “moral issues” when sailors were on shore-leave and one can imagine the activities which went on in the days when Portland Harbour was filled with ships of the Royal Navy.

In the middle 1920’s tented camping and caravanning was beginning in the Preston area and this was mentioned by Dr. Barclay in some of his reports. The caravan and tented sites in the rural outskirts of the town became a problem in the 1930’s and, when the sites were fully occupied between 1945 and 1957 the methods of sanitation which had to be used due to the absence of a main drainage system caused us a great deal of concern. This problem was eventually overcome in 1960 when the new sewer to serve the caravan sites was completed and, at the same time, the Caravan Sites Act of 1960 required all sites to be brought up to certain public health standards.

We now have duties such as sampling water in swimming baths, sampling of food and drugs, monitoring the condition of the air and generally carrying out anti-pollution measures of all kinds. In recent years we have had new duties under the Offices, Shops and Railway Premises Act which deals with the health, welfare and safety of persons employed in offices and shops; the Noise Abatement Act 1960, pest control duties of various kinds, responsibilities in connection with the disposal of toxic wastes, sanitation of fairs and pleasure grounds and at all times keeping a watchful eye on any activities within the Borough which might have a bearing on any aspect of public health.

More often than not the type of work in which the Health Department is involved is not "news" and, very often, urgent public health work is carried out without anyone outside the Department being aware of the problem and what has been accomplished. The work which Public Health Officers carry out has precious little "glamour" but is very necessary for the health and well-being of the town as a whole.

It will take some time for the new Environmental Health Department, which comes into being on 1st April, 1974 to settle down, but all involved in the new departments will continue to work quietly and conscientiously in the interests of the new district as a whole.

The following paragraphs deal with some important aspects of the Health Department's work over many years.

Statistics for the year 1972 are recorded as an appendix to this report.

HOUSING

In the old records of the Corporation I have been unable to find any specific reference to housing until 1865 when this very interesting entry appears:—

"House to House Visitation.

At this meeting it was Resolved that the Inspector of Nuisances, the Surveyor, Doctors Tizard, Griffin and Samson be requested to make a House to House Visitation in all the various streets of their respective Medical Poor Law Union Districts in the Borough and that Powers be given them to order all cleansing, white-washing, disinfecting and any other improvements necessary to insure the health of the inhabitants and that this visitation do commence immediately."

I have not been able to find the reason for this special action or whether it was actually carried out as there is no other mention of this "house to house visitation" in the records which end in 1896.

In reports of the Medical Officers of Health the first reference to the housing problem is in 1902 when it is recorded that there was an average of 5.1 persons in each house. In his Annual Report for that year Dr. T. Henry Jones stated that housing accommodation for the working class could be said . . .

"to be ample because many of the houses were empty and were on the whole of a satisfactory character with the inevitable exceptions in an ancient town of some old dilapidated houses and narrow badly paved unwholesome courts. I have often visited these courts and draw particular attention to the condition of those that need improvement. There are undoubtedly many cases of habitual overcrowding but this is really an economic question; there are very few houses in the town whose rent is below 5s. 6d. a week and the people who take them often sublet some of their rooms in order to make up the rent which naturally leads to over-crowding".

In 1903 Dr. Jones made a thorough survey of houses in the town and makes special reference to 47 "blocks of houses" the majority of which do not now exist as they have been cleared away under various clearance area procedures. He mentioned that many of the houses were built back-to-back and he cited particularly Adelaide Court, Clarks Court, East Row (Chapelhay Street), Gordon Row, High West Street Court, James Court, Quiet Place, Rolls Court, Smiths Court, Southampton Row, Weston's Court, West Row and West Row (Chapelhay Street).

He goes on to name 12 other courts where there was "obstruction to circulation of air" because of "buildings pressing upon houses on all sides" — it is interesting to note that none of these courts mentioned are now in existence.

In 1907 Dr. Barclay, who was presenting his third annual report as Medical Officer of Health to the Borough, said that he was not satisfied with progress being made in dealing with unfit houses. He mentions that systematic inspection of the District was being carried out, although little had been done during that year. He records that overcrowding 'in houses of the artisan class was still rife because high rentals compelled the sharing of houses'.

In his report for 1909 Dr. Barclay mentioned that there had been a considerable increase in the number of inhabited

houses and the majority of new houses were "of a class and rental beyond the reach of the working class". He called for a proper housing plan with demolition and removal of many streets and looked forward to "a garden city of the future". He said that the Westham portion of the Borough was of modern construction and contained many rows of houses erected for and occupied by the working class. In this year he again says that there are very few houses below the rental of 5s. 6d. per week and this causes many cases of overcrowding. Dr. Barclay made special mention of the influx of men of the Royal Navy, many of whom slept ashore when on leave. He mentions "many permanent residents having to sleep together in one room or occupying the kitchen whilst all available bedrooms were let for the night". He then adds "it is evident that both from the moral and health point of view action must be taken on this state of affairs which arises from the lack of cheap housing accommodation." Dr. Barclay said that on a number of occasions he had reported to the Council that many areas in the town required "drastic action" and he deprecated the delay in dealing with these problems.

One interesting point from the report of 1908 is Dr. Barclay's reference to "planning in the Jerry manner" and he bemoans the fact that the Council had not employed a Building Inspector.

In 1910 Dr. Barclay prepared a special report to the Town Council on the housing situation generally. His theme was that not enough action was being taken to deal with the unsatisfactory housing conditions in the town nor was the Council building enough replacement houses. He estimated that there was an average of 5.1 persons to every house, and according to his own calculations, 1,000 houses would have to have been built to meet the needs of the increased population since 1901.

The Annual Report for 1912 indicated that a considerable amount of housing work had been carried out. Special inspections of 331 houses were made and of these 227 "have been put into thorough order". A full schedule of the roads visited and the house defects is included in this report and there is no doubt that the Health Department at that time had embarked upon a really intensive system of house-to-house inspection.

Of the 331 houses dealt with, 194 had defective drains and 216 had no flushing cisterns to their water closets. One interesting address in the house-to-house visiting is "Bentpath Avenue" and, in all the reports I have read, I have not come across this address again. This was the first full year of Mr. F. A. Fanner's appointment as Sanitary Inspector to the Borough and he had a lady sanitary inspector, Mrs. Lethbridge, as his

assistant. Mr. Fanner's section of the report stated that he had carried out 2,020 housing visits and the lady sanitary inspector 1,096, so it is clear that the Department was really concentrating on the housing problem. In the same report Dr. Barclay mentions . . .

“the dearth of suitable houses has come to a crisis — upon every hand I am met with the cry that houses cannot be had. During the last year only 12 houses have been built that are intended for the working classes”.

Dr. Barclay added that some of this accommodation was let at 6s. 9d. and 7s. 0d. per week inclusive and was an impossible rent for a man with a family earning 20s. 0d. per week. Dr. Barclay said that the Health Committee “decided to set their shoulders to the wheel and since February have been active in trying to secure suitable land for the erection of artisan dwellings”. A table giving the position with regard to housing inspections and records of the clearance of unfit houses is appended to this report but, at that time, clearance of unfit houses had not been pursued with much vigour.

In 1924 Dr. Barclay started his report on Housing with the words “Housing Act has followed Housing Act but the people are not housed and the deplorable conditions in which so many respectable people are forced to live have not lessened, rather, they increase. The slums condemned so many years ago still remain.” In the statistics for that year it is mentioned that 50 new houses were built by the Local Authority and 15 by other persons. Of the 212 houses inspected, only 2 were found to be unfit for habitation and the slum clearance programme was grinding to a halt because of lack of alternative accommodation.

The following year Dr. Barclay bemoans the fact that, though many Closing Orders had been made, they had not been complied with and no action had been taken to enforce compliance. Dr. Barclay complained bitterly that the Council reduced the number of houses recommended by the Health Committee to be built . . .

“to meet the needs of the Community and to allow the slums and courts upon which Closing Orders had already been made to be demolished.”

A surprising statement in his report is that over 600 families were on the list awaiting Corporation houses and “very few, if any, of the slum tenants are amongst these”. He went on to complain that overcrowding was rife in the District but he could do nothing about it until more houses could be provided. In spite of this unfortunate situation, no positive information is given as to the number of houses subject to clearance or demolition orders although it was obvious from

all the earlier reports that the figure must have been quite considerable.

The report for 1926 opened with a happier note — that 86 houses on the Westham Estate had been completed and the building of an additional 96 houses had commenced towards the end of 1925. In his report for the following year, Dr. Barclay says there had been “the greatest advance over any year towards the solution of the housing problem”. In that year 194 houses had been built by the Local Authority and 17 built by private persons. He adds “the three insanitary areas which have been marked for action over twenty years, upon some of which Closing Orders have been enforced for ten years and over, the rate of building has done little more than provide for the normal increase of population and the very serious overcrowding still continues.”

In 1930 Dr. Barclay reported that the many courts and lanes which were subject to Closing Orders still existed and were still occupied. Three years later the waiting list was “still in the region of 500 and no serious attempt appears to have been made to clear the many unfit houses remaining.

The report for 1934 opened on an optimistic note . . .

“The year has seen the achievement, after a long period of waiting, of the fulfilling of the first part of our rehousing scheme. The proceedings have been much protracted but the many obstacles were finally overcome and the Ministry have confirmed our Clearance Orders”.

The report goes on to say “New houses of all types have been built in record numbers during the year in all parts of the town.” A list is given of the houses in the clearance areas which have been confirmed by the Ministry and these include houses in East Street, Governors Lane, Seymour Street, John Street, Hope Street, Herbert Place, Crescent Street and Mission Hall Lane, Sutton Poyntz, Jockey Row, Silver Street and High Street — a total of 54 houses. In addition to this list the Corporation agreed to the demolition of a further 8 houses in Adelaide Court and Queens Street which had already been vacated. This was indeed a noteworthy year as another 32 demolition orders were made by the Council. In addition to all this clearance work 373 houses were inspected for housing defects generally and, of these, 89 were recorded as unfit for habitation. This all sounded too good to be true and in his report for 1935 Dr. Barclay said he was a bit disappointed that the housing drive started in the previous year had not been maintained. In that year over 81 further houses had been found and recorded as unfit for habitation.

In 1936, eight clearance areas were made and confirmed and these covered 42 houses in Portland Place, Cove Street, Trinity Street, Herbert Place, High West Street Court, Lawn Cottages, Newstead Road and Wellington Place. Dr. Barclay

thought that there was still a considerable number of old insanitary houses to be dealt with — “at least 150”. During 1936, sixty three families “from insanitary houses” were rehoused but there were still 28 families from the 1935 clearance houses awaiting rehousing.

An overcrowding survey had been carried out early in the year and, of the 6,524 houses visited, 223 were found to be overcrowded by the standards laid down in the Housing Act 1935. From the statistics in this report it is interesting to note that, whilst 66 houses were built by the Local Authority, “other bodies and persons” had built 326.

Dr. Wallace arrived in 1937 and, in his report for 1938, mentioned three clearance areas covering 15 houses. He reported that 58 houses were erected during the year to rehouse families still living in the 1935 and 1936 clearance areas. There was, however, some progress with regard to overcrowding as, in June 1938, it is recorded that only 71 families were still living in over-crowded conditions.

During the years of the second world war no action could be taken with regard to outstanding unfit houses and the clearance order already made in respect of Governor’s Lane and Stewards Court was not proceeded with. At the end of the war housing conditions were difficult and it was again some few years before it was possible to deal with unfit houses.

The only post-war clearance area of any size was in respect of Governor’s Lane and Stewards Court, the remaining unfit houses usually being dealt with as “individual unfits”.

In the period 1955—1960 the Council’s programme to deal with 155 unfit houses was duly carried out but the great majority of these houses were re-constructed and made fit once again for habitation.

The housing shortage is still with us but houses in poor condition are in demand and can be re-constructed and brought up to modern standards with the help of Local Authority grants. These grants which became available as from 1949 have of course had a great impact upon the work of the Health Department in dealing with unfit houses. Very few houses now need to be demolished and sub-standard houses can be prevented from falling into such a state that they finally become unfit for habitation.

It is unusual in these days to find many houses “unfit for human habitation” but the Health Department remains vigilant and takes action when such houses are found. For the past few years an average of ten or so houses per year have fallen into this category but, in almost all cases, they have been brought into use again, more often than not with the help of a Discretionary Grant.

Duties under the various Housing Acts with regard to dampness or disrepair in houses are still an important function of the Health Department but the difficult problems which faced the town in connection with vast numbers of unfit houses up to 1939 or so are now a matter of history.

FOOD INSPECTION

In the old records from 1800—1899 I have found no mention of food or food inspection but that is not surprising as there was no special legislation dealing with food inspection, preparation or food hygiene in the early part of this century.

In Dr. T. Henry Jones' report for 1902 he states that there were at that time eleven slaughterhouses in the Borough and bye-laws for their control had been adopted. He visited them "at the time of the Christmas meat show" and found them to be generally clean and well kept. Dr. Jones made it clear however that he was in favour of a municipal slaughterhouse, so that preparation of meat could be carried out under constant supervision. In the same year he adds that there were thirty-nine bakehouses in the Borough — many of which consisted of "rooms in dwelling houses turned into bakehouses and not ideally suitable for that purpose". In 1906 the number of bakehouses had increased to forty-one.

In 1907 a paragraph headed "Food Inspection" appeared in the Medical Officer of Health's report and Dr. Jones refers to the control of meat, fish and perishable articles. At that time duties under the Food and Drugs Act were carried out by the Chief Constable who took fifty-seven samples for examination by the Public Analyst in that year. Four of these samples were not satisfactory — all being samples of adulterated milk. Dr. Jones refers to samples of milk and cream having been brought to him with complaints of "added matters and of filth and dirt present and from curiosity I have inspected and microscopically examined these and found all the complaints to be justified".

Two slaughterhouses were considered by Dr. Jones to be totally unfit for their purpose and he said that their licences would not be renewed in future. In the following year he makes special reference to "milk carts from outside the district — with bright tins and gaily painted milk cartons which gives an outer veneer of cleanliness". He considered that milk vendors from outside the Borough were a pretty poor lot! In the same year Dr. Jones mentioned a visit he made to the yard of a public house when he found the greater portion of the carcass of a cow being cut up and put into pickle "the con-

dition of the meat pointed to that animal having died of some inflammatory condition and utterly unsuitable". Dr. Jones seized the carcass and it was destroyed. The report also refers to instances where quantities of eggs intended for the Navy were seized and potatoes and bacon had to be dealt with in a similar manner. The report shows that the meat and food inspection was carried out by the Medical Officer of Health personally as he had no qualified food inspector on his staff.

Dr. Barclay in his Annual Report for 1910 mentioned that there were "eight buildings in the Borough used for the preparation of food such as sausages, all are kept in a cleanly state and free from any emanations which might contaminate food". Dr. Barclay was also in favour of a municipal slaughterhouse and in this report he refers to "unsound food being smuggled from slaughterhouses into the district and the diseased animal being rushed to slaughter, cut up and removed within a few hours'. Throughout these earlier reports it is evident that there was a great amount of "shady dealing" in the slaughter of animals for human food and Dr. Barclay was well aware of the danger of diseased meat being circulated in the Borough by such methods. Another interesting observation he made in connection with this problem is as follows:—

"Even in the matter of tubercular carcasses the loss to the owner is not total as means are taken of sterilising the meat and issuing it at a reduced price to the poorer inhabitants of the district".

On to 1924 when Dr. Barclay makes special reference "to the considerable increase in the number of buildings used for the preparation of sausage meat and sausages". He raises objections on sanitary grounds to three new buildings — one preparing sausages in a loft partly used as a pigeon loft and "an insanitary cellar filled with junk". He does not mention the third but states that the only faults found were that the standards of machinery used did not satisfy him. It did appear from the same report that Dr. Barclay was reasonably satisfied with the many small shops manufacturing ice cream.

In 1924 only four private slaughterhouses remained and he stated that all carcasses slaughtered in the area were inspected and passed by the Food Inspector before leaving the slaughterhouse. He added that the principal cause of condemnation of carcasses was tuberculosis and "there is no doubt that a considerable amount of tubercle meat is consumed even in this area".

In 1925 Dr. Barclay refers to the satisfactory arrangements for meat inspection in the Borough and, at the end of

the Report, gives a list of meat and other foods which had been condemned. The majority of the meat condemned was from animals suffering from tuberculosis. There were six prosecutions that year in connection with exposure and sale of unsound meat, fish, butter and shrimps. In all cases the actions were successful and fines were imposed up to £5.00 with costs.

In the Report for 1926 is another long list of unsound meat condemned in the slaughterhouses and one list of samples submitted to the Public Analyst shows that eleven samples of milk were considered unsatisfactory on account of "considerable quantities of dirt present". In the following year samples sent to the Public Analyst included three samples of milk adulterated with water and two samples of whisky similarly adulterated.

Dr. Barclay's Annual Report for 1929 refers to food "liable to deterioration due to effluxion of time". He goes on to suggest that the date of preparation should be stamped on the wrapper — so the date-stamping of food is not a particularly new idea! Once again, samples sent to the Public Analyst show seven samples of milk adulterated — during these years of the Depression adulteration of food was by no means unusual and milk was often "watered down". In that same year the list of meat condemned at slaughterhouses was quite considerable and again it is of note that the majority of the carcasses condemned were on account of tuberculosis.

Subsequent reports from Dr. Barclay continued to give full details of the work of food inspectors at slaughterhouses, butcher shops, fishmongers premises, etc. and every year until the outbreak of the second world war it is evident that more and more attention was being given to the control and supervision of food supplies of every kind. Milk receives special attention — mainly because of the likelihood of tubercle bacilli in milk supplies. A note in the report for 1935 is of special interest "it is now a special arrangement that where milk is sold in general shops dealing in various articles it is not to be exposed for sale in counter cans, hand cans etc. but only retailed in sealed glass bottles or cartons and handed over intact to the customer".

On 31st December, 1937 the Borough ceased to be a Food and Drugs Authority and responsibility for this work transferred to Dorset County Council. The Corporation was without these powers until 1964 when the population exceeded 40,000, which gave the Borough the right to take over the powers of a Food and Drugs Authority again.

During the period of the last war the Department had the responsibility for supervision of food supplies but, as no reports were published for the years 1939—44 exact details of this work are not known.

After the war new legislation for the control of slaughterhouses, manufacture of ice-cream, milk supplies and food of all kinds came into operation and the accent on food inspection and supervision was greater than ever before. The control of milk production however passed from the local authority to the Ministry of Agriculture, Fisheries and Food. The licensing of dealers and pasteurisers remained with those local authorities who have food and drugs powers.

A few years ago Weymouth lost its last slaughterhouse and, at the present time, all home produced meat is slaughtered outside the Borough. The measures taken by the Ministry of Agriculture, Fisheries and Food for the eradication of tuberculosis which commenced just before the war, have proved successful and our milk supply throughout the country is now tubercle free. All foods are now controlled by comprehensive legislation and food standards are improving all the time.

It is only since 1955 that we have had special food hygiene regulations to control standards of hygiene for food production, food handling, storage and sale and progress in this field is continuing. This work is now a major feature of the Health Department's activities and I am glad to record that the majority of persons employed in the handling of food, as well as owners of food premises, are fully aware of their responsibilities and, in most cases, a happy co-operation exists between the food industry and Health Departments generally.

WATER SUPPLY

The first mention of water supply in the Council's records is in January 1853. It was:—

“Resolved, that Mr. Bury be requested to immediately furnish his plans for the water supply of the Borough agreeable to his offer of 31st March, last, but more particularly to inform the Local Board of the source from whence it is to come in order that they may take such steps as may be necessary to secure the same either by purchase or otherwise as they may be advised”.

In February 1855, it was:—

“Resolved that subject to any alterations that may be suggested for the improvement of the Bill, this meeting gives the Weymouth Water Works Company's bill their full and cordial support.”

Weymouth Water Works Company was already well established at that time and was supplying larger houses in the Melcombe Regis area with water from Boiling Rock in Coombe Valley Road, carried in wooden pipes from that source across Lodmoor to the town.

From 1855 until the end of the century I can find no further reference to water supply in the Council's records but it is known that the Sutton Poyntz springs came into the ownership of the Water Works Company about this time.

In 1902 the then Medical Officer of Health, Dr. T. Henry Jones, stated the town's water supply to be as follows:—

“The Borough is supplied throughout by a private Company, which also supplies various Parishes in the adjacent Rural District. The water springs from the upper green-sand below the chalk at the hillfoot beyond the village of Sutton Poyntz, and about three and a half miles from the town. The collecting area is uninhabited, and about four acres of it are enclosed by iron fencing. Within this is an open collecting reservoir, from which the water flows through a pipe to the pumping station in the village, whence it is pumped to covered service reservoirs. From these it descends by gravitation to the town.

The water is certified by the Analyst to be of excellent quality, and it is sufficient in quantity. Most houses in the town have their own water taps, but there still remain a few whose supply is obtained from stand-pipes as in High West Street Court, East Row, Chapel Row, Havelock Place, and West Row, Chapelhay.”

The water supply in 1902 was from precisely the same source at Sutton Poyntz as today although it is greatly supplemented by the larger bore-hole supply at West Knighton which came into operation in 1938.

In 1903 Dr. Jones reported the chemical analysis of a sample of water from the Sutton Poyntz source and the result was similar to reports on samples which are still taken from this source. Dr. Jones mentioned that, as far as was known, every house in the Borough was supplied by the Weymouth Water Works Company and

“most of the houses have their own water taps. A certain number get their supply from Sutton Poyntz to which I referred in my last report. I have found that in a large number of houses the water taps are placed near the front doors — this is a very inconvenient arrangement, because every drop of water for flushing closets and yards has to be carried through the house, which is apt to dis-

courage those whose inclination towards cleanliness may be feeble in any case”.

In 1904 Dr. Jones reported that there were still a few groups of houses where the water supply came from single stand pipes and again drew attention to the problems caused in many houses where water closets did not have flushing cisterns.

In the following year the Medical Officer of Health, Dr. W. V. Barclay, when reporting on water supply, referred to the danger of lead piping used in connection with water service pipes. Dr. Barclay appreciated that the hardness of the water made the solubility of lead pipe rather unlikely but he added the following very interesting observation:—

“The presence in many districts of electric cables and the further possibility of electric tramways being introduced have slightly accentuated the danger as electrolytic action may take place from leakages of electric current. I have advised the Company to sanction and recommend the use of tin or tin-lined or iron pipes as less open to danger.”

In 1906 Dr. Barclay stated that water consumption in the town was averaging 27 gallons per head per day and the figure for the following year was given as $25\frac{1}{2}$ g.p.d. This figure was quoted each year until 1921 when Dr. Barclay reported:—

“Information as to the consumption per head of the population and other particulars have been refused by this Company; and in the absence of a recent analysis a sample has been submitted to the Borough Analyst, whose report is annexed.”

The reason for the Weymouth Water Company's refusal to give Dr. Barclay this information is not stated but in the following year a sample of water was again sent by him for analysis. In the war years 1915—1918 Dr. Barclay's Annual Reports were much abbreviated and made no reference to water supply. No special mention of water was again made until 1927 when Dr. Barclay said that:—

“The supply has never failed in sufficiency, is bright and sparkling, of a high degree of purity chemically and bacteriologically with a temporary hardness of 13° reduced to 4° by boiling”.

A very full and interesting history of Weymouth Water Works Company was printed in the Journal of the British Water Works Association in April 1958. I have been fortunate in that I have been able to refer to this — but it concentrates mainly

on the engineering aspect of the service. It must, however, be recorded that the Borough was extremely well served by this pioneer of water companies whose formation took place in 1797 and continued until 1969.

For the past half century at least, there has been a close liaison between the Health Department of Weymouth Corporation and Weymouth Water Works Company. The water supply to the Borough has been monitored continuously throughout the years by the Health Department in cooperation with the Water Company and, since 1969, by Dorset Water Board which took over responsibility in that year for the water supply in the whole of the Dorset area.

SEWERAGE AND SEWAGE DISPOSAL

I found the first reference to this important aspect of the Local Authority's duties in abstracts from the old minute books dated 30th June, 1836.

“Leave was granted to the Trustees of the Streets to carry out an inclined place for Carts to empty the Night Soil of the Town into the Backwater at the bottom of Petticoat Lane, near the Poor House”.

In January, 1852 the Council decided:—

“Plans for the drainage and water supply of the Borough to be forwarded to the General Board of Health for inspection with an intimation that as the prosperity of the Borough as a watering place mainly depends upon the sands and sea surrounding the town being kept free from all defilement, it is indispensable that neither the soil or sewage of the town be run into the sea, and that a tunnel be formed under the Backwater for carrying away the same”.

There is no doubt that around this time the Local Board of Health was concerned about the unsatisfactory night soil disposal and drainage arrangements of the town and decided in December, 1864 to employ:—

“a competent Engineer to inspect the Town and give his idea as to the practicability of the general drainage of the Town, the mode in which it can be done and at about what expense, and the Clerk be instructed to apply to the Local Government Act Office for the names of four eminent Drainage Engineers”.

In the same year it was decided to ask Mr. Thomas Hawkesley: “for his charge for coming to Weymouth to give the Local Board of Health the plan and method he would consider the best and most effectual for the drainage of the Town and his estimate of the probable expense of such drainage”.

Just one month later Mr. Hawkesley attended a meeting of the Local Board and made a verbal report on the "best method of draining the town".

The drainage scheme had not materialised by September of the following year and the Board resolved that it was necessary to adopt some efficient system of drainage of the Borough "at once". The Town Clerk was asked to make an appointment for Mr. Hawkesley to give the Board a personal interview and bring any plans and papers as soon as possible. A week later it was decided that the Mayor should be requested to call a public meeting to consider Mr. Hawkesley's report "and to receive their opinion as to the desirability of its being adopted".

In spite of all the agitation about drainage at this time little progress seems to have been made for, in July 1871, it was decided to ask an engineer:—

"to report to the Local Board as to the propriety of conveying the drainage of the Town into deep water in the Backwater".

The following year it was decided to negotiate:—

"with Lord Ilchester for the purchase of land in Littlefield for the erection of a pumping engine house and premises also in accordance with Mr. Coode's plans and that all necessary expedition be used by the Board to carry out the plans and designs for the drainage of the town laid before them by Mr. Coode".

It was also decided that "£2,500 to be borrowed to finance the drainage and Sanitary plans prepared by Sir John Coode."

Drainage of the Park District was a separate problem and in January 1873 Sir John Coode was asked to complete plans of the drainage of the Park District without further delay. The year 1873 provided an interesting decision made by the Local Board of Health:—

"that for the present purposes it is the wish of this Board that the Drainage of the Borough should be carried into the tideway in the least offensive way possible".

It seems that the Local Board of Health had a scheme for discharging sewage into the harbour and backwater but the Local Government Board appears to have ruled otherwise for, on the 26th April, 1875, it was:—

"Resolved that this Board feels it will be its duty to bow to the ruling of the Local Government Board and if it decides that Sewage Matter shall not be allowed to be discharged into the Harbour, will endeavour at once to provide some other scheme for its disposal".

In June 1876 the "Local Board of Health" had its final meeting and on the 7th July it convened as the "Urban Sanitary Authority".

Early in 1878 the new Council considered the possibility of erecting sewage treatment works but decided that such works would be highly injurious to the interests of the Town.

An interesting addendum to this decision was as follows: "The experience gained by passing the sewage into the tide-way below low water mark for more than two years without creating any nuisance or producing any evil influence whatever, leads them to desire to follow out the recommendations of the Committee appointed by the President of the Local Government Board dated 21st July, 1876, that towns situate on the sea coast or on tidal estuaries may be allowed to turn their sewage into the sea or estuary below the line of low water provided no nuisance is caused, and that such mode of getting rid of sewage may be allowed and justified on the score of economy".

From the foregoing it will be seen that the Town must have commenced discharging sewage into the sea at some time before 1875. It must be borne in mind that the population of the Town at that time was not very great — probably below 15,000 and, as much of the Borough in any case did not have any sewage system at all, it was probably only the larger houses in old Weymouth and Melcombe Regis which were drained into the sea.

In 1876 it was decided to appoint "a complete scientific gentleman" to find out exactly how much sewage was being discharged into the backwater and whether this discharge "is attended with any injurious effect or whether it is likely to be so in the future".

There seems little doubt that in 1879 the discharge of sewage into the harbour and backwater was causing a problem as the Harbour Master and Inspector of Nuisances were asked to "inspect the action of the tide outside the harbour on the carriage of the Town sewage clear from the fore-shore".

On the very same occasion it was decided in order to remedy:—

"the offensive smell complained of, this Authority do adopt the words of the reply thereto, viz, to divert the Sewage entirely from the Backwater and Harbour".

The problem was such that the Town Clerk was instructed to call a Committee Meeting on the following week:—

“and from week to week if necessary to consider and settle means for arriving at a scheme to carry the same suggestion or reply into effect”.

From references to sewage disposal in the old minute books there is no doubt that the Town Council was very concerned about the problem generally. In 1882 it was decided not to allow the Rural Sanitary Authority to have any system of drainage discharging to Weymouth backwater, in fact the Town Clerk was asked to take all necessary legal steps:—

“to prevent the last named authority from carrying out the proposals of which they had given notice a few months earlier”.

The following January it became quite clear that the scheme to which Weymouth objected was one to be carried out by Weymouth Rural Authority which would result in the drainage scheme for Wyke Regis having a discharge point into the backwater. Wyke Regis did not become part of the Borough of Weymouth until 1933. The Rural Authority must then have continued with its drainage scheme but provided a treatment plant at Wyke Regis which discharged into Portland Harbour.

In 1889 a deputation was received from the inhabitants of the Park area again protesting at the flooding which occurred during times of heavy rainfall. The problem appeared to be dealt with quite promptly for within two months the Surveyor's recommendations to deal with the flooding of the Park District were agreed and specifications for the works and tenders were invited.

In 1890 the Weymouth Rural Sanitary Authority was again in trouble for:—

“not having taken any effective measures to remedy the nuisances created by the discharge of the sewage of Westham and Radipole flowing into the harbour, notwithstanding so long a time has elapsed since the same were brought to the attention of such Authority by this Council, the Town Clerk to be instructed to take measures without further delay to restrain a continuance of such nuisances”.

In 1891 the Surveyor was asked to report “within a month” on the best means of the sewage disposal of the Borough but he did not get very far as, in December of the following year, it was decided that:—

“The services of a first class sanitary engineer be obtained to advise the Authority on sewage disposal”.

The “first class sanitary engineer” appointed was Sir Frederick Bramwell.

In September of 1892 the Council considered the problem of sewage disposal from Westham and Radipole Districts but no details are given. They also considered the possibility of a new sea outfall but did not reach any firm conclusions on this either.

A scheme was then submitted by Messrs. Bramwell and Harris for the drainage of the Borough and was completed in June 1894. It seems that the Weymouth Rural Authority was asked to co-operate in the scheme but there is no record of how these negotiations ended. In 1895 the Borough Boundaries were extended to take in parts of Westham and Radipole so perhaps the drainage problems arising in these areas became capable of remedy by the "Urban District Council" which succeeded the Urban Sanitary Authority whose last meeting was held on 10th June, 1895.

A final extract from the old minute books is an optimistic one and is as follows:—

"8th July, 1896 — Main Drainage — Tenders accepted for the new Main drainage Scheme".

Annual Reports of the Medical Officer of Health for the Borough of Weymouth and Melcombe Regis commenced in 1902 when the population of the Borough was 19,843. Dr. Henry Jones the Medical Officer of Health at that time reported that the town's sewers discharged at a point 150ft. beyond the Nothe at a depth of 25ft. of water. There was one sewer for Weymouth and one for Melcombe Regis. Dr. Jones also mentioned that pumping from the collecting tank at Westham was carried out as far as possible on the ebb tide and referred to an independent sewer at Belfield which discharged separately into Portland harbour. One surprising claim made by Dr. Jones was:—

"It is believed that all houses in the Borough with only a few exceptions are connected to the system".

Dr. Jones stated that in 1902 there were many houses with water closets which did not have flushing cisterns and Dr. Barclay (his successor) mentioned that there were more than 2,000 water closets in Weymouth not provided with flushing cisterns! It appears at that time each household was charged for the amount of water actually used and probably, for this reason, many of the smaller houses chose to flush their W.C.s with waste water — usually the washing up water!

He also reported that the sewers and drains in the Park District had been "a perennial source of trouble" and criticised certain houses "of better class" where the soil pipes discharged into open gully pipes below kitchen windows! My predecessors

must have done a good job because neither I nor any of my colleagues have since found such an arrangement within the Borough. Again in 1908 Dr. Barclay expressed his concern at the many houses in the Park district which did not have flushing cisterns and, as a result, "the sewers in that area are always choked".

In 1910 a survey of houses was completed and Dr. Barclay reported that 2,237 water closets had been found without flushing cisterns.

A break-through in the flushing problem came in 1913 when the Water Company agreed "every house could have one flushing system free of cost for water where the gross assessment was not more than £15.00". It is recorded that 1,338 owners of houses took advantage of the offer and one can imagine the activity among builders in the town during 1913 when the Water Company made this generous gesture.

In the following year 1,057 notices were issued requiring W.C.s to be provided with flushing cisterns. Dr. Barclay added "compliance has been general and it is hoped that within the present year this long standing stigma will have been finally wiped out".

In 1925 Dr. Barclay mentioned that Radipole Lake "receives a considerable amount of sewage from villages in the district through which it passes" and said that only four houses on the outskirts of the town were using pail closets. He also recorded that there had been an increase in the number of houses having drains connected to cesspit — sewers not being available. It is interesting to note that the Corporation did not undertake the emptying of cesspools — how they were actually emptied is a matter of conjecture!

In 1933 Dr. Oldershaw, the then Medical Officer of Health, reported the extension of the Borough as from 1st April which resulted in an increased population of one third. Dr. Oldershaw mentioned for the first time that nuisances were arising from cesspools overflowing into ditches and he had received numerous complaints. He also referred to effluent from Wyke Sewerage Works polluting Portland Harbour and fouling the shore.

One most interesting observation made by him in the same year was that the last "non-flushing W.C." had been provided with a flushing cistern!

In 1934 Dr. Oldershaw mentions that a consultant engineer had reported on a new drainage and sewerage scheme for the whole Borough and expressed his concern that cesspool

drainage in the newly enlarged area of the Borough was causing much trouble.

In 1935 the Medical Officer of Health reported that work on the Upwey section of the new sewerage scheme had been commenced and expressed the hope that there would be "no future cheese-paring or difficulty" and Weymouth would eventually "have a sewerage system which is the equal of any in the Country".

Dr. E. J. Gordon Wallace took over as Medical Officer of Health in 1937 and, in his Annual Report for 1938, records that the new Upwey and Broadwey sewerage scheme was nearing completion. During the month of August that year the sewers for Radipole, Broadwey and Westham areas were completed and taken over. Dr. Wallace also reported "the municipal housing estate at Goldcroft and one hundred and fifty-three private houses in other parts of the Borough were connected to the new system". In the same report it is recorded that Wyke Regis sewerage works were discontinued and a new pumping and lifting plant constructed.

Dr. Wallace expressed concern that the Preston area was not provided with sewers and re-printed in his annual report a copy of the special report he made to the Minister of Health on the unsatisfactory state of affairs at Preston and Sutton Poyntz due to lack of a main drainage system. In August 1953 an engineering inspector from the Ministry of Housing and Local Government came to Weymouth to investigate drainage difficulties in the Preston area and the Council subsequently decided to provide a sewer to serve the Eastern side of the Borough. The sewer was ready for use at the end of 1957 and by the end of that year three hundred and fifty-nine houses, previously served by cesspools, had been connected to the sewer.

The Health Department was actively engaged in the next few years in persuading owners to do away with cesspools and connect to the new sewer and by the end of 1971, six hundred and fifty-six pre-war houses in the drainage area had been connected to the sewer. At the present time it is estimated that there are only one hundred and forty cesspools remaining in the Borough and in a few cases these serve houses which for various reasons cannot be connected to main drainage.

Since the war a number of smaller re-drainage schemes have also been completed in various parts of the Borough and

the Corporation decided in 1965 on a scheme whereby all houses at present served by cesspools will eventually be served by public sewers.

It can be said that the major problem of house drainage to the main sewers has been dealt with and only a few problems remain outstanding.

RADIPOLE LAKE AND LODMOOR MOSQUITO AND MIDGE CONTROL

In the old records up to 1899 I can find no mention of the mosquito or midge nuisance — I have no doubt that the problem was much worse then than it is today as there were far greater areas of marshland within the Borough. I imagine that the whole of the area known as “The Marsh” adjoining Knightsdale Road was a prolific breeding ground for mosquitoes and the filling-in and draining of that area was completed shortly after the last war.

It is likely that, when Radipole Lake was tidal, mosquito and midge breeding was controlled to some extent by the regular influx of salt water which probably reached the northern end of the lake. It is possible that mosquito and midge breeding in the lake did not take place on a large scale until after the Westham Bridge with its sluices was constructed in 1924. Thereafter the lake ceased to be tidal and held fresh water only.

The first mention of Radipole Lake appears in the Annual Report for 1907 — when of course the lake was tidal — but Dr. Barclay makes no reference to mosquitoes or midges and refers only to “obnoxious effluvia” which were occasionally present. It was believed that the smell was caused by the growth of a weed encouraged by sewage pollution which came from the higher reaches of the River Wey outside the Borough boundary. Dr. Barclay used this occasion to mention that it was difficult to carry out effective control of the weed whilst the drainage areas from which the sewage pollution arose were not under the control of the Corporation. In 1907 the southern boundary of the lake (according to Dr. Barclay’s report) was “formed by a masonry dam with a lock gate by means of which the waters are held up during the ebb tide”. His report for 1909 includes a long reference to “The Backwater”. Dr. Barclay refers to the railway bridge which appears to have been built during 1908 and again mentions unpleasant smells in hot weather caused by weed from the backwater. In this year he identifies the weed as “*ulva latissima*” which in certain conditions gives rise to nuisances “similar in character to that

arising from foul sewage". Dr. Barclay mentions that the growth of weed, although it had been recurring over many years, was worse in 1909 than in former years. In addition to *ulva latissima* the gas works was discharging heated residual ammoniacal liquor on to the foreshore in the backwater and storm water overflows from the pumping station were adding to the problem by depositing sewage solids. Conditions that year must have been pretty horrible during the summer months.

The Gas Company managed to solve their problem by cooling down the residual liquor and then discharging it to the sewers. Dr. Barclay concluded his interesting report on the backwater with the words "the welfare of the town and the public health demands the total abolition from the backwater of all sewage matter — however diluted by storm water."

In Dr. Barclay's report for 1911 he has a long and interesting paragraph entitled "Rivers and Streams" in which he refers to water samples taken in 1910 at the request of the Royal Commission on Sewage Pollution. The samples indicated that when the pumping station was working satisfactorily and the storm water overflows were not in use the water at the lower end of Radipole Lake was relatively clear. The River Wey was shown to have a larger percentage of sewage pollution than any portion of the backwater. In that year the masonry dam was still in being and the weir gates were operated to retain water in the lake "so that the flats and shallows were always covered with water".

Dr. Barclay then refers to information received from other areas regarding the control of *ulva latissima* by the addition of a very small amount of copper sulphate to the water. The Health Committee from 1905 onwards had not permitted the use of copper sulphate in the lake but permission had been given in 1910 for such experimental work to be carried out. Two sacks were hung over the side of a small boat — each sack containing 2½lb. of copper sulphate, and the boat then rowed or pushed over the lake. During 1911 however "it was raised by a member of the Council (obsessed by the idea that the town and the waters surrounding the town existed solely and wholly for the recreation and livelihood of local fishermen) that fish had been poisoned by the chemical". This statement was placed before the town council who directed the Health Committee to hear evidence of the allegations. The Health Committee later reported that there was no evidence of any destruction of fish life.

It was evident that there was a lot of antagonism to Dr. Barclay's experimental control of *ulva latissima* by copper sulphate but he was satisfied that it was a satisfactory and safe method and it continued during the subsequent years.

The first specific mention of mosquitoes is made in the report for 1922 when Dr. Barclay referred to numerous complaints received during that year "as to the nuisance, discomfort and in some cases illness arising from the bites of mosquitoes during the summer months". He then goes on to describe the types of mosquitoes and their breeding places and refers to "marshlands north of the Borough, Radipole Lake adjuncts, Chafey's Lake and Smith's Marsh" as prolific breeding places. He remarks that "every old tin can, bucket, bath, bottle, paint pot, etc. which can hold water becomes a breeding ground for these insects". Dr. Barclay goes on to say that in the latter part of the summer months he found a heap of many thousands of old tins, principally old food tins, in the centre of the town in which the larvae swarmed by tens of thousands. He made a plea to all householders to make sure that empty food tins were punctured to prevent this problem arising and said that the Corporation should not, as had been the custom in recent years, be allowed to leave tins for indefinite periods before disposing of them.

One remark in this report sums up the problem as far as Lodmoor is concerned "in drainage or reclamation we have the only reliable and permanent means of control". Dr. Barclay then mentions that, in 1914, he had written to the Rural District Council asking permission to spray "with petroleum" that part of Lodmoor Marsh which lay within the area of that Authority. It appears that owners and occupiers of the land within the Rural District agreed but owners of certain parts of the marsh within the Borough refused to sanction this procedure! However, all agreed in 1915 and the work was duly carried out. Dr. Barclay records that he reported the Lodmoor mosquito problem to the County Medical Officer of Health in November 1918 "when the object of all local authorities involved in the Lodmoor area was to take concerted action". It seems that concerted action was not possible as a number of owners refused to co-operate.

Notices requiring the cleaning of channels and culverts on Lodmoor were served by the Corporation around this time but by 1920 the owners had still not complied with the notices. Not until the Council had threatened statutory action were the ditches and channels finally cleaned.

In 1921 the Ministry of Health sent down a Medical Inspector to look into this problem but he later reported "in

consequence of the drought and the works that had been carried out and the previous oil treatment, the marsh was then nearly clear of mosquito larvae, there being little water in evidence”.

This information was duly published and made added difficulty for Dr. Barclay as “owners of the land regarded the problem as having been solved and were reluctant to do any further work”.

In that year Dr. Barclay thought the worst spot of all the breeding areas was Chafey’s Lake and, to a much less extent, the upper portion of the Westham boundary of Radipole Lake.

The report for 1928 tells that the mosquito problem caused a great deal of concern in that year and the Town Council decided to employ specialist entomologists to report and advise. Their recommendations could be summarized —

- (a) as far as Radipole Lake was concerned, little could be done except to drain the marshy areas surrounding the lake and to take steps to keep the water ways free from reed growth and maintain a good flow of water.
- (b) The problem at Lodmoor was basically one of “drainage and land reclamation”. It seems that little could be done to enforce the then owners of the marsh to carry out the necessary work to drain the worst areas and maintain the massive dyke and sluice system in satisfactory order so as to keep all waters on the move.

After 1928 the Corporation provided a small dredger on Radipole Lake and for some years this was useful in keeping the waterways clear of reed growth. I understand that around that time Radipole Lake presented the appearance more of a lake than the vast bed or reeds it does today.

The mosquito and midge problem continued — there were “good years” and “bad years” as there are today but, in 1948, after a series of “bad years” the Council asked entomologists from Hayling Island to visit Weymouth, survey the whole problem and give advice. This was done and, broadly speaking, the advice was on the same lines as had been received in 1928. This latest report also recommended that control of the chironomous midge in flight might be attempted by the use of an insecticidal dust dispersed by an apparatus attached to a vehicle exhaust. This was tried in the years 1949 and 1950 at Radipole Park Drive but, as it appeared to have no

noticeable effect upon the swarms of chironomous midge, was discontinued.

Around this time, Dr. Wallace received information that chironomous midge had been controlled in certain rivers and streams in South Africa by the admission of sea water and the Council agreed that this method might be tried in Radipole Lake. The experiment was carried out but tests indicated that it was not possible to obtain a satisfactory degree of salinity in that part of the lake north of the railway bridge.

The problem at Lodmoor was thought to be nearing a solution when the Corporation completed compulsory purchase of the land in 1950. In following years the Council agreed to the expenditure of quite large sums on dredging of the main dykes but, in the late 50's, this work had to be discontinued when, on grounds of economy, the Corporation deleted all provisions for this work from the Council's Annual Estimates.

There is no doubt that the considerable drainage and land reclamation which has been carried out on Lodmoor since 1950 has eliminated many acres of marshland previously responsible for mosquito breeding. There remain many acres to be dealt with and it is hoped, when a scheme is approved for the development of the whole of the area, the necessary reclamation and drainage work will be included and so will reduce to an absolute minimum the potential mosquito breeding grounds.

During post-war years many schemes for the aerial spraying of Lodmoor with insecticides have been considered but, because of the nature of the terrain and the possibility of danger to the wild life, it has not been practicable to proceed with any such schemes. The position today is almost the same as it was in 1922 — the Lodmoor problem is essentially one of drainage and land reclamation. We do however undertake insecticidal treatments of small areas adjoining residential development but these are comparatively minor areas when looking at the mosquito problem on Lodmoor as a whole.

Now that Radipole Lake is to be retained as a bird Sanctuary it must be pointed out that conditions often regarded as ideal for a bird sanctuary are usually ideal as mosquito breeding areas also.

It is no good pretending that we have a complete answer to the mosquito and midge problem in the Borough but the problem is being reduced year by year — though it will be many years before it is finally overcome.

DISINFECTION AND DISINFESTATION

In November 1871 the Council decided to make a gratuity of £20.00 to the Superintendent of Police for "his services during the late epidemic", which must have been an outbreak of smallpox. Mr. Samuel Vickery, the Superintendent, had been appointed "Inspector of Nuisances" in addition to his police duties in 1869 and so had some duties which would today be carried out by the Health Department. It seems that the Borough Surveyor was a little upset that his work during the epidemic had not been recognised and it is recorded that in December of the same year the Council decided to give him the same gratuity as had been given to the Superintendent.

The year of 1908, according to Dr. Jones, was "a bad one" as there were 153 cases of scarlet fever and 14 cases of diptheria. In those days disinfection of the patient's house, clothes and bedding was carried out and this involved the Department in a considerable amount of work. In addition it was usual to carry out a thorough disinfection of schools as they were frequently closed during outbreaks of diptheria or scarlet fever.

When Dr. Jones arrived in Weymouth in 1902 he found that a portable Washington Lyons steam disinfector was "kept in a shed in the Corporation yard" and he made some improvements to this shed on his arrival.

In the report for 1909 there is reference to an outbreak of diptheria which was attributed to a milk supply, "the affected cowshed was found, the authority notified — they had previously acted and the danger was over". The number of cases arising from this source was 12 and 4 of these were fatal. It appears that tracing the source of infection and dealing with the outbreak involved the officers of the Health Department in quite a considerable amount of work. Mr. F. A. Fanner took up his duties as Sanitary Inspector in that year and it was probably Mr. Fanner who did the field work for this outbreak.

In 1914 Dr. Barclay reported that disinfection of rooms was carried out by use of formaldehyde and this is the chemical still used for disinfection today. Dr. Barclay also said that a new "disinfection machine" came into operation at the end of the year. This reference is to the Manlove-Alliot machine which was provided in a building in the Corporation Yard. The very same machine was removed from the Depot to a building adjoining the Health Centre in 1957 and is still in use at the present time. This machine, although not used so frequently as in former times, is still in perfect working order and

readily available should there be a serious outbreak of infectious disease anywhere in South Dorset.

The Medical Officer of Health in 1914 referred to the disinfector as “being the only steam disinfector within a radius of over 20 miles”, and it was being used increasingly because of the arrival of troops in this area. At that time it was dealing with disinfection and disinfestation requirements for the whole of Weymouth and Portland Military and Naval areas and probably the whole of South Dorset where troops were stationed. In that year 14,218 articles of clothing and bedding were treated in the disinfector — mainly it appears on behalf of H.M. Forces.

The Manlove-Alliot disinfector has also been used through the years for disinfestation of mattresses, bedding and clothing infested with lice, fleas, bugs and other insect pests. With the declining incidence of infectious disease over recent years the use of the disinfector has not been required very often — but it did come into its own again during the 1939-1945 war. Considerable use was made of it during the war, particularly for disinfestation purposes and it did a tremendous amount of useful work during the evacuation of civilians from northwest Europe and the Channel Islands, in 1940.

There is seldom a need for large-scale disinfection and disinfestation in these days — mainly because the work of our predecessors was so thorough and effective, but the facilities for dealing with any such public health problems are still available in the Department — let us hope that they will never be needed on the scale required early in this century, or during the last world war.

PUBLIC CONVENIENCES

The first reference to public conveniences in the old records is dated 8th March, 1829 under the heading “Common Necessary House”:—

“A Committee appointed to use their endeavours to find out a proper place for the erection of a Common Necessary House for the use of the public in lieu of the one now standing at the bottom of the Fish Market, which is complained of as a great nuisance, and report”.

Only two years later is an entry “Privies”:—

“The privies on the west side of the Bridge, Melcombe Side to be removed altogether”.

From these early records it appears that the Corporation then had a moral if not statutory obligation to provide public conveniences.

In June 1858 is an entry "Urinals":—

"Resolved that Urinals be placed at the following places, one near the Bathing Machines, one near Mr. Drew's steps, one near the end of the Pile Pier, one near the end of Devonshire Buildings, one near Mr. Tizard's stores and one near the Toll House, and that the Mayor be requested to order two from London, and superintend the erection of the others".

Another entry in the same year records:—

"Resolved that the Mayor be authorised to remove the Urinal erected near Devonshire Buildings to whatever place he thinks proper".

From the foregoing records it appears that the Mayor himself was responsible for the provision of public conveniences! Many years later, in 1883, the Council decided that "suitable gates, toll houses, lavatories and other necessary needs be erected on the Pier, at the cost of approximately £300". In actual fact the cost turned out to be £536.

Although the control of public conveniences has been with the Health Department since early this century, reports of the Medical Officer of Health did not refer to them until 1931 when Dr. Oldershaw said "these are generally increasing in number and capacity each year, and soon the former deficiency of those which existed will have been well met. Though the present numbers are far in excess of normal requirements it must be borne in mind that the town must cater for this peak load in July and August when our population is temporarily quadrupled at least".

In 1932 Dr. Oldershaw said that there was a need for a public convenience "in the Burden area" and plans for these were said to be well advanced. He added "the establishment of this building will materially assist in diminishing pollution of the foreshore". It appears that the main underground conveniences by the Information Centre had been built towards the end of the previous century but were doubled in size early in the 1920's.

Soon after the last war the Council began a building programme for public conveniences and new ones were provided at Upwey, Overcombe and Westham Coach Park. Later, additional conveniences were provided at Old Bond Street, Lower St. Edmund Street, Lodmoor, the Cargo Stage, Pier Entrance, Nothe Walk and Dumbarton Road, Wyke Regis.

The work involved in staffing and maintaining public conveniences is quite considerable, particularly during the summer months, and upwards of thirty people are employed as cleaners and attendants during the summer season.

Vandalism of public conveniences has always been a major problem — particularly so within the past few years, and the cost of resulting repairs and replacements is extremely high. New conveniences are now being designed so as to avoid vandalism as far as possible and have achieved a limited success in this direction.

It is of course highly desirable to provide free hand-washing facilities in all public conveniences and this service has been provided in most of our sea-front conveniences. Unfortunately the misuse of these facilities is one of our greatest problems, although summer visitors often do not appreciate this and complaints are received from time to time that these facilities are not always available in all our buildings.

In recent years the Council has been aware of the need to build new conveniences to serve the Swannery car park and another in the area of Bowleaze Cove. The Council has already agreed to schemes for such new conveniences and they are likely to go ahead within the next few years. The Council has also decided in principle to do away with the unsatisfactory underground conveniences by the Information Centre and provide modern conveniences at ground level. This is likely to be very expensive but it is hoped that all underground conveniences will be done away with in the coming years.

The city fathers from 1875 onwards were very much aware of the need for public conveniences to meet the needs of holidaymakers and many of our present buildings must date from 1875—1920. Though serviceable, many do present a very “old fashioned” appearance but with the present high cost of building it seems that they will have to last for some time yet.

The control and maintenance of public conveniences is another of the “silent services” which the Local Authority has to carry out — and not many people realise how much work is involved — and the very high cost. Very frequently the holiday-maker judges a resort on the standard of its public conveniences — we get occasional complaints, but on the other hand we get a fair number of letters of commendation as well!

PERSONAL HEALTH SERVICES

Although, as with comparable boroughs, the history of the town council and its various committees extends back for several centuries the idea that the local authority should supply some sort of health services for its inhabitants is a comparatively new one. Before about the middle of the nineteenth century responsibility for medical matters was divided largely between private general practitioners, the voluntary hospitals and Poor Law institutions, or work-houses, staffed on a part-time basis by the same doctors; the home nursing facilities run by religious orders of nurses from the local parish church, the apothecaries, and by no means least an army of untrained midwives, herbalists, and other quacks. Apart from compulsory vaccination against smallpox — performed in the early days by public vaccinators and later to a large extent by the G.P.'s — there was no provision for the prevention of illness; as with most diseases the means of prevention was unknown. However, the growth of urban populations following the industrial revolution and the resulting overcrowding and unhygienic living conditions produced great outbreaks of infectious disease. Notable among these was cholera and it was the demonstration that the disease was transmitted by a contaminated water supply which eventually led the Government to take action requiring local authorities to provide pure water and facilities for the safe disposal of sewage.

As far as the Borough of Weymouth and Melcombe Regis was concerned the danger of water-borne disease was never serious since the town's stand-pipes and private supplies were fed largely from springs outside the town, which, arising in uninhabited countryside, were usually bacteriologically pure. There were some private wells in the town which may not have been so satisfactory but they did not in general pose an epidemic threat to the population. As for sewage, this seems to have found its way by one means or another into the River Wey or harbour, or directly into the sea. Although unacceptable by modern standards this practice did not seem to give rise to any major epidemics and the history of sewage disposal in this country has been the progressive connection of houses to a main sewer discharging at a distance out to sea. At any rate when the first Weymouth health authority, the "Local Board of Health", was set up on August 26th 1851 the main considerations were the disposal of refuse and the problem of sewage in the harbour. Only in 1871 did the provision of personal health services arise when it was decided to build a "hospital hut" for the isolation of smallpox at a cost of £4 per bed at Rocks Terrace, though this was, of course, primarily a disease control measure. The tenancy of this hospital apparently ended eight years later when the Port Sanitary Authority built their hospital in Wyke Regis. This building now forms part of the shop of the Blue Waters Holiday Camp.

In 1873 all local authorities were obliged to appoint a Medical Officer of Health, the post being filled usually from the ranks of the general practitioners on a part-time basis. Weymouth's first Medical Officer of Health, Dr. H. Tizard, was appointed on the 6th March, 1873 and held office until 1891 at a salary of £40 per annum. His successor, Dr. B. Browning, Medical Officer of Health from April 1891 until July 1902, received £60 a year, but it was only the third Medical Officer, Dr. T. H. Jones, who held office in a full-time capacity and started to produce the annual reports from which most of the material in this survey has been obtained. Meanwhile the Local Board of Health had undergone some name changes to "Urban Sanitary Authority" in 1876, "Urban District Council" in 1895, and to "Weymouth Sanitary Authority" by 1902. In fact the annual reports until 1911 were titled "Weymouth Sanitary Reports" revealing the emphasis up to this date on the environmental hygiene aspects of public health.

1902 seems to have been an important year, when the public health services really made progress. Based in the old Corporation Offices, the Medical Officer and Inspector of Nuisances formed the nucleus to which was added over the years the additional staff required as their respective duties expanded. At this time the area of the Borough was 1,300 acres with a population of just over 20,000. The main event of the year was the opening on November 22nd of West Haven Hospital, Radipole Lane, for infectious diseases to replace the Port Sanitary Authority Hospital. Earlier in the year a small unit for the isolation of smallpox had been built on an adjacent site, separated by a high fence, although this was strictly against the Local Government Board's requirement of at least a quarter of a mile separation between a hospital for smallpox and any other building. The succeeding Medical Officer constantly warned against the dangers of the situation and eventually, in 1908, the smallpox unit was incorporated into West Haven. In fact the town was fortunate in that no outbreaks of smallpox occurred, the only case happening in 1914 at a time when the main hospital was unoccupied. Also during the year a bacteriological laboratory was established in the Corporation Offices to assist the general practitioners with the diagnosis of the principal infectious diseases of the time — diphtheria, enteric fever, and tuberculosis. The first full year of operation of the infectious diseases hospital, to the end of 1903, saw the admission of twenty cases of scarlet fever, at that time being a more virulent form of the disease, with one death, and two cases of typhoid. The average patient stay was six weeks, and the total running costs of the hospital were under £325. The work of the hospital could vary widely year to year, there being 71 admissions in 1906, mainly scarlet fever and diphtheria with five deaths, and 122 admissions in 1909. In 1904 a purpose-built horse-drawn ambulance replaced the

adapted Hansom cab for the purposes of conveying patients to hospital.

1903 saw the start of the School Health Service, when Dr. Jones was appointed as Medical Officer to the Borough Education Committee. At the time the town had 3,000 school children in its six elementary schools, Holy Trinity, St. Augustine's, St. Paul's, St. Mary's, St. John's, and Cromwell Road Infants', the last four still being in their original buildings. The School Medical Officer's duties fell into three main parts: to try and prevent the spread of infection amongst the pupils, to safeguard the welfare of the unfit children, and to report on the sanitary conditions of the school premises. Thus schools could be and often were closed in an attempt to control outbreaks of measles, scarlet fever, or diphtheria. It was recommended that school children should have instruction in personal hygiene, but for some time the main emphasis was on the state of the sanitary facilities of the school buildings themselves. This seems to have been the first time that anyone had considered this aspect of the pupils' welfare, and the Medical Officer made repeated recommendations about the minimum temperature in the classrooms, hygiene latrine provision, adequate lighting and especially plenty of fresh air ventilation, this last being considered of primary importance in the prevention of the spread of disease. In the next year an inspection clinic for the children was established where they could be examined and given direct advice or referred to their private doctors for treatment. By 1907, when the Education Act required the School Medical Officer's report to be given in the annual report of the Medical Officer of Health, it was noted that the schools had been moving only slowly to comply with the structural recommendations repeated annually. The main problems as regards the pupils' health were ringworm and vermin, mainly head lice infestation running at about 10% of the school population, and scabies. Treatment for these conditions was less effective than at present, head lice being dealt with by applications of vinegar or paraffin, with head shaving in severe cases, and scabies by sulphur ointment. In 1908 a joint school nurse/health visitor/female sanitary inspector was appointed. This enabled the school medical examinations to be put on a regular basis. In general it was aimed to give each pupil three inspections, as today, though the ages then were 5, 8, and 12 years in view of the lower school leaving age at the time. Although the general health of the children was considered to be improving it was noted that in many cases they were in paid employment for an excessive number of hours, both before and after school. This should have been prevented by the various Factories and Workshops Acts, but clearly the law was being flouted. The dental health of the children was poor also, as about two-thirds had some dental caries which would have been treated, if at all, only by extraction. The School Medical

Officer called for dental provision for the pupils, but it was not for another nine years that a dental clinic was established in 1918. In 1910 the school entry age was raised from 3 to 5 years, and this naturally accentuated the problem of working mothers with young children. Dr. Barclay, Medical Officer of Health and School Medical Officer from 1904 to 1931, considered that there should be a crèche for these children, but this never seems to have been established.

The opening of Melcombe Regis School in 1911 brought the total number in the Borough to seven, with 3,050 pupils on the register. By the next year the idea of regular school medical inspections was accepted and a clinic in the Municipal Buildings was set up for the treatment of contagious diseases in the pupils. The accommodation by this time was becoming rather stretched and it seemed that the difficulties could be overcome only by actual new buildings or by persuading the hospitals to take over the functions of the clinics with the help of a council grant.

At this point, just before the First World War, the hospital provision for the town consisted of West Haven, administered by the Public Health Committee, and three voluntary hospitals. These were the Princess Christian, now Weymouth and District, Melcombe Avenue; the Royal, School Street, established in 1872 but closed in 1921 when it became Colwell House, the Salvation Army Hostel; and the Royal Eye Infirmary, then in the present British Legion Hall, King Street, but since removed to its present site on Greenhill. Also attempts were being made, in conjunction with the neighbouring authorities of Portland, Dorchester Urban and Rural Districts and the former Weymouth Rural District, to provide a small-pox hospital under a joint hospital board of these authorities, but negotiations were never successfully completed.

Simultaneously with the development of the school health services came the extension of the duties of the Medical Officer of Health to cover midwifery and infant health. On April 1st, 1905 the Midwives Act came into force. There were at the time 48 "midwives" working in the town. Presumably none had any formal nursing or obstetric training, but they were responsible between them for some 500 home deliveries a year. Under the Act anyone describing herself as a midwife was required to register with the Local Authority. Only 13 in Weymouth actually did so, and of these only two obtained the certificate following a statement of intention to practice. The Act also laid down certain requirements for midwives as regards their work. They had to keep a register of cases, possess an appropriate bag containing a removable washable lining and certain appliances such as a thermometer and disinfectant, and also inform the Medical Officer of Health when they sent for a doctor in an emergency. In practice, only one midwife had a suitable bag and none kept a register of cases or appar-

ently ever sent for a doctor. The last two may not seem so surprising when it is remembered that most of these women were illiterate and were anyway unlikely to be familiar with the recent law until they could be given a personal explanation. Also, as Dr. Barclay commented, the problem of general practitioner assistance to midwives in an emergency could only be overcome if appropriate machinery for the payment of the doctor could be arranged, at least in the case of the poorer patients who could not afford the medical fees themselves. At any rate, in 1906, the Medical Officer of Health described the Act as "a dead letter". There was no ban on unregistered persons doing midwifery, so that if pressure was put on the registered midwives to conform with the regulations they could de-register, term themselves "nurses" and continue as before. The solution seemed to be a process of gradual reform and education of the practising women. By 1907 there were some grounds for optimism. Two of the twelve registered midwives had passed an examination, but the ten registered under the "prior practice" clause of the Act were still failing to conform with the regulations. Also the Poor Law Board of Guardians had agreed to pay the doctors' fees for emergency attendance. The turning point came in November 1908 when the Town Council finally adopted the Notification of Births Act 1907, and at the same time agreed to appoint the combined health visitor and school nurse already mentioned. Whereas the registration of births, and also marriages and deaths, had been compulsory since 1838, a period of six weeks was allowed for this. From this time onwards births had to be notified to the Medical Officer of Health by the midwife or doctor in attendance within forty-eight hours. This enabled the health visitor to see without undue delay any new-born infants whose parents might need guidance. The health visitor's other role was the supervision of the midwives, whose standards steadily improved from this time on, although it was several years before unqualified midwives disappeared from the scene. However, in 1911 a County Medical Officer of Health was appointed, and Weymouth Town Council was relieved of its duties as supervising authority of the midwives. Dr. Barclay definitely considered this a retrograde step as the midwives' register was no longer kept in Weymouth and it became difficult for members of the public to check who was suitably qualified.

Unfortunately, even if a new born infant survived the hazards of its delivery, its troubles were not necessarily over. At least the majority of babies were breast fed, but otherwise the parents had no benefit of medical advice on routine child rearing matters. It was not unusual to find young infants being fed on tea, biscuits, and bread, with, in addition, the hazard of tuberculous cows' milk. There were also the intractable problems of overcrowded, insanitary housing and of

mothers forced to go out to work leaving their children in the inadequate care of unsupervised child minders; worse still was the plight of unwanted babies farmed out to "foster parents" on the tacit understanding that they would be starved to death. There were regular prosecutions for manslaughter as a result of this practice. Probably the only things that the Health Department could help with were basic necessities such as feeding and clothing, so in 1909 a weekly infant welfare clinic was started in the Municipal Building. Here the health visitor could impart appropriate advice, often at first against the prejudices of the older generation, particularly grandmothers, but which eventually came to be accepted. For artificial feeding diluted cows' milk was recommended preferably from the "boat-shaped" bottle rather than the older and less hygienic "rubber-tubed" bottle. Regular weighing was established at the clinic as a check on the babies' progress. The infant mortality rate, running at usually over 100 per thousand live births, started to decline from the early years of this century and even reached a temporary low of 53.3 in 1910. Probably the gradual improvement in the quality of housing and milk played as great a part as the health department, but it was noted that the incidence of oral thrush was declining probably as a result of the improved hygiene in artificial feeding practice. The introduction of Maternity Benefit in 1913 under the National Insurance Act also played some part in reducing the financial pressures of childbirth on the less wealthy mothers.

It has already been mentioned that the home nursing services were provided by voluntary groups under the local parish churches. In Weymouth there were two such parishes, St. John's and Holy Trinity. However, it was recognised by 1911 that there was a need for a non-sectarian district nursing scheme. In 1914 the Dorset County Nursing Association was formed, and the local groups became affiliated associations. This provided a firm foundation for the home nursing service for many years.

As far as Weymouth was concerned the main effects of the First World War were an initial influx of troops billeted in the town and then the absence of many of the young men abroad. The hospitals had to cope with an increased number of military cases, and West Haven was expanded by an additional twenty-four beds financed by the War Office. In 1916 there were nearly 300 admissions to the infectious diseases hospital, military cases accounting for over 250 of them, with an average daily bed occupancy of 22. Cerebro-spinal fever was the main condition requiring admission, with a high mortality. Its treatment was by intrathecal injection of immune serum; at least one nurse contracted the disease from a patient, but she was fortunately successfully treated by this method.

With the husbands away at the war some decline in domestic standards occurred. This manifested itself in a temporary reversal of the downward trend of head lice infestation in school children with a later small rise in scabies and ringworm infestation. Subsequent to the School Medical Officer's strictures in 1908 concerning the excessive employment of school children, by-laws had been passed in 1913 in order to control street trading. However the lack of adult labour in the war years meant that the regulations were ignored and it was not until after the war that the resulting labour surplus enabled the authorities to tackle the problem effectively. In 1919 the employment age was raised to 13 years; more effective by-laws were introduced in 1922 and by the mid-twenties the employment of school children consisted mainly of domestic work and paper and parcel delivery. The motivation for work by this time was no longer economic necessity but rather the desire for pocket money for smoking and the cinema. Cinema attendance was now becoming popular and the Medical Officer of Health several times criticised the prevailing habit of mothers taking their babies with them, considering that the combined effects of a warm, stuffy atmosphere and the cold night air could not be very beneficial to the infants. By 1916 the notifications of births had reached 98%, and the increase in the number of illegitimate births, especially to married women and widows, again highlighted the lack of provision for unmarried and working mothers.

On April 1st, 1918, the Health Department acquired new premises at Enderby House, Clarence Buildings (now the Alexandra Hotel), and a further expansion of services followed. The pathology and bacteriology laboratory was re-instated, and an ante-natal clinic opened. In conjunction with this, arrangements were made for deliveries to take place in the Princess Christian Hospital, at the Council's expense, on the recommendation of the Medical Officer. Mothercraft classes for school girls were also held at Enderby House. A second school nurse/health visitor was appointed, enabling two child welfare clinics to be held each week in the Department. Cheap milk was now available at these clinics, and excellent voluntary and welfare work was carried out by the helpers of the Ladies' Auxiliary Committee of the Health Committee, who organised collections of old clothes, toys, and other articles for the poorer mothers at the clinics. In the following year the health visitor establishment was raised to three.

The 1920's was a relatively prosperous decade, one important by-product being the building programme which at last began to tackle the housing problems noted in every report since the turn of the century. During these years the problem

of the high mortality of illegitimate infants, resulting from the so-called adoption system of unwanted babies, was steadily reduced as the abuses were gradually suppressed. At this time the Infant Life Protection Officer was an inspector of the Board of Guardians. Unfortunately there had always been friction between the Poor Law and the Health Authorities in this field, culminating in a major row in 1923. A Ministry of Health inquiry was set up, which led to a new inspector being appointed, but a satisfactory resolution of the problem came only in 1930 when the senior health visitor became the Infant Life Protection Visitor. By 1932 when there were, for example, nine children in seven foster homes, it was considered that the 1908 Children's Act concerning the registration of fostering was at last being effectively enforced. Other developments in the maternity and child welfare services during the twenties were the introduction of powdered milk for infants in 1922, and the free pint of milk daily for expectant and nursing mothers two years later. Concern over maternal mortality, running at about 3 per 1,000 compared with 5 and 6 per 1,000 before and during the First World War respectively, led to the setting up of the confidential enquiry into maternal and perinatal deaths in 1924. Locally, the Medical Officer of Health and the attending doctor conducted the investigation into each death. Postgraduate training for midwives was established and increased attendance at the clinics was encouraged. From 1929 the Central Midwives Board required midwives to undertake ante-natal care of their patients and the local supervision of the midwives themselves passed back to the Maternity and Child Welfare Committee of the Borough Health Authority the next year. By the end of the decade the increasing demand for hospital delivery, passing 10% in 1931, led to the establishment of a maternity ward at Weymouth and District Hospital, for which a grant was paid by the Council (£400 for 50 cases, plus £7 per case in 1933). Ante-natal clinics were held weekly at the hospital and monthly in the Health Department. A dental clinic for pre-school children and their mothers was also introduced at the same time.

In the School Health Service the decade saw the establishment of school meals, starting with two mobile canteens to serve the "needing" pupils of the town, numbering about 90. The routine medical inspections were held for a while at Enderby House rather than the schools and the treatment facilities were expanded. In fact, the closure of the Royal Hospital in 1921 meant that the School Clinic was the only free dispensary in the Borough. Minor ailment clinics were thus held daily and specialist treatment, principally for eye and ear, nose and throat afflictions, was obtained at the Eye Infirmary and Weymouth and District Hospital with the cost borne by the Education Committee. A second school dentist

was appointed in 1920, and to resolve the difficulties arising from the ending of the Local Authority grant to the Eye Hospital in 1924 a part-time ophthalmologist was employed for school work from 1927. In 1930, when the present Health Centre was opened, the staff of the School Health Service consisted of the School Medical Officer, a dentist and a dental dresser, the eye specialist, three school nurses, a clerk and the school attendance officer. Apart from the daily minor ailment clinics, dental clinics were held four times a week; an eye clinic, at which refractions were performed, was held weekly; and cases of ringworm were sent to Bournemouth for x-ray treatment.

In the field of preventive action against infectious disease, up to this period vaccination against smallpox was the only widespread measure. Although nominally compulsory it had been noted that the proportion of vaccinated school entrants had fallen from about 70% in the early years of the century to less than 50% just before the First World War. The resulting theoretical risk of a smallpox epidemic had always worried the Medical Officer of Health, particularly with the lack of a suitable isolation hospital. He was still calling for a Joint Hospital Board with the neighbouring authorities to be set up in the early twenties and suggested using Weymouth Rural District's Isolation Hospital at Coldharbour as a smallpox unit. In fact Weymouth never did get its smallpox hospital, although by this time the need for it must have been rapidly receding. Eventually facilities for the isolation of any case occurring in this area were provided at Wareham. The prevention of other infections was primarily the concern of the health department as soon as appropriate methods were introduced. Antitoxins for passive immunisation against diphtheria and tetanus were used from 1921, and active immunisation against diphtheria was introduced in 1929. In that year a total of 43 courses was given, consisting of a Schick test followed by four injections for the non-immune. In 1924, as part of the national campaign against tuberculosis, eight beds in the infectious diseases hospital were set aside as a tuberculosis sanatorium. By the early thirties the success of the campaign was being shown by increased admissions for tuberculosis in the early stages of the disease and the number of beds was increased. The ambulance facilities of the department were expanded with the acquisition of a second "manual" ambulance in 1920, followed by the first motor ambulance in 1923. This latter was run on a voluntary basis by the St. John's Ambulance Brigade.

With the abolition of work houses in 1929 the County took over Weymouth Work House in Wyke Road as the Public Assistance Hospital, Portwey. By this time these institutions housed mainly the elderly and chronic sick and also

provided facilities for unmarried mothers. In the following year the Maternity and Child Welfare Authority took over the inspection and registration of the private nursing homes in the Borough, of which there were at the time seven, concerned mainly with maternity cases and the care of the elderly. The end of the decade also saw the building and opening of the present Health Centre in Westham Road as already mentioned. The expansion of the services and facilities during the twenties thus provided a firm basis which survived well in spite of the cuts in public expenditure during the depression of the thirties.

In 1933 the Borough was enlarged to its present boundaries. It absorbed Weymouth Rural District, Wyke Regis, and the villages of Preston, Broadwey, Upwey, and Radipole. The area was increased by over four times from some 1,600 to 7,000 acres, but the population by only a third from 22,150 to 29,850. The school population increased to 3,384, so the clinic facilities for the pupils were increased. Minor ailment clinics were now held twice daily, though a nurse was in attendance only at the afternoon session; dental clinics were held five times weekly, and an orthopaedic clinic fortnightly with a consultant in attendance monthly. At this time services were not necessarily all free, and charges were made to the parents according to their income. The Port Sanitary Authority's Hospital at Wyke was closed and so was the Rural District's Isolation Hospital. The latter, a corrugated iron structure, is still standing at Coldharbour after forty years, and is apparently used as an outsize garden shed in the grounds of a private house. In 1934 a Joint Hospital Board for Weymouth and Portland was established, which took over the administration of West Haven from the Health Department. The Board planned a new 48 bed isolation hospital on which building was to start in 1939, but the advent of the Second World War permanently prevented this, and the original 1902 building is still in use. Other hospital developments included the opening of a venereal disease clinic at Portwey Hospital in 1937 and in the same year the opening of St. Gabriel's home for unmarried mothers at Dorchester Road. This institution acted as a maternity home until 1971, and also as an adoption society from 1952 until its final winding up in 1973.

During the thirties the problem of educating the mentally sub-normal, or feeble-minded as they were then called, was being seriously considered. The relatively few special schools in the country were full and many pupils were forced to remain at home with no education. In 1935 the town's first special class was opened at St. Paul's School, but there was never sufficient suitably qualified staff for it. It was thought that at least two such classes were required in Weymouth, but

the government school inspectors were reluctant to provide facilities before the planned reorganisation of the educational system. Another important development in the school health service was the large-scale introduction of diphtheria immunisation following an epidemic of the disease in Wyke Regis during the winter of 1933/34. Immunisation was offered to all school children, with the local general practitioners performing much of the work as agents of the health department. 800 courses of three injections were given in the first year, though this rate unfortunately was not maintained in subsequent years, averaging about 100 per year up to the Second World War.

On the nursing side the main changes in the pre-war years concerned the midwives. In 1934 the inspection and registration of midwives was delegated back to the Borough and at the end of the year there were 24 midwives practising in the area, of whom 18 were in private practice, 3 in hospital and 3 employed by the Nursing Associations. At this time there were still six voluntary Nursing Associations in the town, affiliated to the County Association, who still provided the basic district nursing service. In 1936 the Local Authority introduced its domiciliary ante-natal scheme, the main feature of which was the payment of a general practitioner for three free examinations during the patient's pregnancy. From the next year ante-natal clinics were held twice weekly, and 1% silver nitrate was now issued to the midwives for the prevention of ophthalmia neonatorum. The 1936 Midwives Act was gradually adopted. From 1937 the Council paid the salaries of the five midwives then employed by the Nursing Associations which thus became agents of the Local Authority. From April of the following year unqualified practitioners were finally banned locally. At the same time the employment of health visitors was transferred to the County Council. The expansion of the Borough boundaries had meant that the population of the more outlying parts was not readily served by the child welfare clinics held in the Health Centre, so branch welfare clinics were gradually established in different parts of the town, the first being opened on a fortnightly basis at the Women's Institute Hall in Wyke Regis.

During the thirties the Health Department began the setting up of a health service for the elderly, a chiropody clinic being opened at the end of 1934. This, unfortunately, was suspended during the war but re-started again soon after.

The Second World War produced great upheavals in the local authority health services. The Health Centre was taken

over as the town's first aid post, and the Health Department transferred to the St. John's Ambulance Hall at Westway Road. The Emergency Medical Service took over the Public Assistance, Weymouth and District and the Isolation Hospitals, and the establishment of a County Pathology Laboratory at Dorchester meant that laboratory facilities no longer needed to be maintained in Weymouth. Two years before the war a second motor ambulance had been bought, and the war-time ambulance service was run by the Civil Defence Corps. The influx of large numbers of evacuated children from London resulted in a massive increase in head lice and scabies infestations in the town, typically there being about 600 cases of each annually. Impetigo infections also increased. In fact routine health visiting virtually ceased as the nurses concentrated their efforts on treatment of these conditions. The older methods of eliminating head lice, such as shaving the head, had given way largely to more specific measures, particularly sassafras applications. Scabies was still treated by bathing and sulphur ointments, these treatments being carried out along with the disinfestation of clothing and bedding by a steam disinfestor at the gas cleaning station at Westham Road. From the war years the Health Department also maintained the town mortuary in Commercial Road, though subsequently relatively few post mortems were carried out there as the occasional examination could usually be accommodated in the superior post mortem facilities at Weymouth and District Hospital.

When not dealing with infestations most of the rest of the health visitors' time was taken up with diphtheria immunisation. In 1941 the Government launched a national campaign to achieve maximum immunisation of children against this disease. As a result, the number of cases of diphtheria fell rapidly to a negligible level, at which they have remained ever since. This fortunate state of affairs is certainly still maintained only by continuing with the routine immunisation of all infants.

In the fields of maternity and child health, the child welfare clinics were held through the war years in St. John's Hall and a day nursery at Elwell Manor for the children of working mothers was opened in July 1942. The average daily attendance at the nursery was about thirty children. Weymouth also received evacuees from Belgium and the Channel Islands, and to accommodate the expectant mothers among these parties a maternity hospital at Greyfriars, Greenhill (now the Conservative Club) was open from 1939 to 1941. For the resident population the war did not stop the gradual rise in the pro-

portion of hospital deliveries, which passed 20% in 1942. The steady increase in the duties of the Medical Officer of Health before the First World War had meant that there was growing a real need for a permanent deputy. In fact Dr. Barclay had been calling for this since the mid-twenties, but it was not until 1943 that Dr. Charlotte Ward was appointed as the first full-time Deputy Medical Officer of Health for the Borough, a position which she held until her retirement in October 1964.

By the end of the war the National Health Service and its contemporary reforms in social welfare education were in the process of preparation. When the Emergency Medical Service was discontinued the hospital provision for Weymouth consisted of the Isolation Hospital, 87 beds in Weymouth and District and 101 beds in Portwey Hospital, with 21 beds in the Royal Dorset Eye Infirmary. In addition there were two private nursing homes in the town with around 30 beds, about half of which were for maternity cases. The ambulance service was returned to the Health Department in April 1945 and two drivers were employed on a full-time basis for the two ambulances, with a third driver being appointed eighteen months later. The attendants were provided from the Department staff during the day, and by the St. John's Ambulance Brigade during the night. Around this time the service was dealing with nearly a thousand calls per year, averaging about ten miles on each call, but in 1947 a severe setback occurred when one ambulance crashed and was out of action for eleven months, during which time the second was stolen!

The immediate post-war period saw further expansion in the maternity and child welfare provisions. Infant welfare clinics were now held weekly at Preston, Broadwey, and Wyke Regis, in addition to the twice weekly sessions at the Health Centre. A rather overdue increase in the health visiting establishment was approved in 1947, and the number of health visitors was again increased to six in 1949. In 1946 Elwell Manor day nursery became a private nursery school. The proportion of hospital deliveries continued to grow rapidly, passing 30% in 1945, 70% in 1950, and 80% two years later. The twelve maternity beds in Weymouth and District Hospital were no longer sufficient, and these were supplemented by fifteen beds in "Kildare" (now the Ear, Nose and Throat Hospital, Dorchester Road) which opened as a maternity hospital under the joint administration of the Corporation and Hospital Board in 1947, when it accommodated 242 deliveries. Soon after the war the Borough had taken over the direct employment of four out of the five domiciliary midwives formerly employed by the Nursing Associations.

Under peace-time conditions hygiene in schools gradually improved. In 1945 there had been around 300 cases each of scabies and head lice, but aided by the newer treatments of benzyl benzoate for the former and D.D.T. emulsion for the latter, the figures for scabies fell rapidly over the next four years to around 20 annually, at which level it has continued ever since. With head lice, although Weymouth was favoured to some extent by an overall estimated prevalence of 4% compared with the national average of 9%, the problem took nine years to be reduced to its present level of around 30 cases annually. The diphtheria immunisation programme continued in full force with up to 800 courses being driven annually. Since the 1941 drive, over 95% of the age group 1 to 14 years had been fully immunised, a satisfactory situation which has subsequently been maintained. Immunisation against whooping cough was also introduced at the end of the war, though at first, and for some time, on only a very small scale and by special request from the parents. 25 courses of four injections were given in the first year.

Provision for old people was re-established with the renewal of the chiropody service from August 1945, becoming a weekly session in 1947. In 1948 the appointment of a home help organiser was approved.

On the 5th July, 1948 the 1946 National Health Service Act and its associated National Insurance and National Assistance Acts came into force. As regards the personal local authority health services the Act's main provisions were to set up the County Council as the Local Health Authority charged with providing certain well defined services. These were, in outline, to provide health centres (in the sense of buildings in which general medical and dental practitioners would work as well as the local authority staff); to provide the domiciliary midwifery and community child health services, and in this connection employ the community midwives, health visitors and district nurses; to be responsible for immunisation; to provide an ambulance service; and to build up a domiciliary care and after-care service for the sick and old. As a consequence, much of the responsibility for the personal health services was removed from Weymouth Borough Council. However, the County set up a South Dorset Area with an Area Health Sub-Committee to cover Weymouth, Portland, and the nearby villages of Osmington, Bincombe, and Chickerell, an arrangement which lasted until 1972. Delegated to the Sub-Committee was the provision of maternity and child health services, and the supervision of midwives, health visitors, and home helps. In parallel with this the School Health Service, re-constituted under the 1944 Education Act, was locally ad-

ministered by the South Dorset Divisional Executive. Finally, the 1948 Childrens' Act set up Childrens' Committee at County level which superceded or supplemented the roles of the health visitor as infant life protection officer, the welfare officer of the Public Assistance Committee, and the Education Committee with respect to child welfare. In theory now the public health services were in a much sounder position to expand their designated functions, but the advent of the N.H.S. did present some problems. Apart from the tripartite division, now made more rigid, of the health services into local authority, general practitioner and hospital services, the developing social services were growing in a haphazard manner. However, in 1952 the latter were incorporated into the Health Department under the County Medical Officer. Important anomalies between the local authority and the hospitals concerned the financing of certain services such as domiciliary midwifery and home helps and nurses, as well as who was to build the planned hostels and training centres for the subnormal, and similar projects. In addition the local authority had lost its specialist staff who were now employed by the Regional Hospital Board. To overcome these problems the County Medical Officer of Health was calling for the integration of the health services as early as 1951.

Now that general and specialist medical attention was available nearly free of charge to everyone the demands on the local authority treatment services declined fairly rapidly, leaving the Health Department to concentrate its attention of the prevention of ill health, together with certain paramedical services not covered by the other two branches of the National Health Service — for example speech therapy. Unfortunately the two trends were sometimes in conflict, for the decline in attendance at the local authority's ante-natal clinics frustrated the idea of using these in a wider health education role for mothercraft teaching or similar projects.

In the School Health Service, the three routine medicals at school entry, the age of eleven, and before leaving continued much as before. The orthopaedic clinic was discontinued in 1951, referral to a hospital-based specialist now being made through the family doctor. Facilities for direct referral by the School Medical Officer to hospital consultants were, however, maintained in certain specialties. In 1951 weekly child guidance clinics were started, held by a consultant psychiatrist on a part-time contract with the County Health Authority, and twice weekly speech therapy clinics commenced in the next year. About fifty cases were dealt with at the latter in the first year, but this figure soon doubled over the next few years and sessions were held at Wyke Regis in 1960. At present

five sessions weekly are held in Weymouth. Meanwhile attendances at the Minor Ailments Clinics were steadily declining as greater use was made of the general practitioners and four years ago these clinics ceased to be held. In 1961 routine hearing tests for school entrants were introduced. About 3% failed the initial sweep test and were referred for a further opinion, but most of these were subsequently found to be normal. Three years later, routine Heaf testing for tuberculosis was also started for the five-year-olds. About 9% were found to be positive, though only a small proportion of these had active disease. In later years even this figure declined and the tests were abandoned last year, being no longer considered necessary. Screening for colour vision defects was introduced for the leavers in 1966. By 1962 the value of the routine intermediate age-group examination was being questioned, and in 1972 selective medicals for the 11-year-olds were introduced. In this scheme children are chosen for examination on the basis of a questionnaire completed by the parents, resulting in about 20% being seen. The latest trend in the health of school children has been an unfortunate increase in the rates of head lice and scabies infestations over the past two years. The cause of this is probably the lack of awareness of the problem among present-day parents who themselves mostly grew up after these infestations ceased to be common. Resistance to organochlorine insecticides by head lice may play a minor role, but this can be countered by the newer malathion preparations. As part of the School Health Service, the Local Authority also undertakes the examination of teachers for some appointments and the routine examination of applicants for places in Colleges of Education, nearly one hundred in the two categories being seen each year. In a similar way employees of the Corporation may be examined by the Borough Medical Officer.

The 1950's saw important developments in the field of immunisation against infectious diseases. Despite the long and successful history of smallpox vaccination, going back over 150 years before the National Health Service, the general public had in the later years become rather apathetic about its value, probably owing to the virtual disappearance of the disease from this country. Vaccination rates had fallen to around 50% despite the theoretical legal requirements. However, from the beginning of the N.H.S. this compulsion was lifted, and with the almost universal acceptance of diphtheria

immunisation the situation for smallpox eventually improved too. In 1951 the Medical Research Council began larger scale trials of efficacy of whooping cough vaccine, and as a result the combined diphtheria-pertussis vaccine was introduced for routine use in 1955. The same year saw the belated introduction of immunisation against tuberculosis by means of B.C.G., a vaccine which had been available since the 1930's but the use of which had been prevented by the long controversy over its safety and efficacy. The latter question is perhaps not yet entirely resolved but the latest figures seem to show that B.C.G. is about 80% effective in reducing the incidence of infection. About 50% of the eligible age group 10 to 13 years were soon covered by immunisation, and this figure has steadily risen since. With regard to poliomyelitis, after the Second World War more virulent types of the disease emerged, resulting in widespread epidemics of paralytic disease. Intensive research to counter this problem led to the development of a killed vaccine in the early fifties. This was introduced here in 1956, and first offered to children born between 1947 and 1954. Within a year over 2,000 courses of two injections had been given. As more vaccine became available the age-groups offered immunisation were extended to 25 years in 1958, by which time 80% of the under-fifteens had received courses. This figure was reached by the 15 to 25 age group by 1959, when the injections were then offered to all under forty. The proportion of the population immunised against poliomyelitis in Weymouth was thus about twice the national average, this result being achieved by a remarkable effort on the part of the Health Department staff who put in many hours of unpaid overtime. Oral immunisation by means of a live attenuated vaccine became available in 1962, giving a more effective and long-lasting immunity, and it completely replaced the killed type within a couple of years. Further developments of the immunisation programme in the sixties included the incorporation of tetanus vaccine, until this time relatively little used as a routine, with diphtheria and pertussis in a triple vaccine. The present day use of a standard course of three or four triple injections with oral polio vaccine then enabled the rates of immunity against all four diseases to rise to well over 90%. Also during this time smallpox vaccination reached a new peak of 80% when offered as a routine in the second year of life. In the later sixties measles vaccines were developed: first a killed vaccine which was soon withdrawn because of complications, then a live vaccine. A live attenuated rubella vaccine was introduced for the immunisation of girls in the eleven to fourteen year age-group in order to prevent foetal abnormalities due to german measles during pregnancy. Acceptance of these last two vaccines is steadily approaching that of the

previous four. In view of the declining world incidence of smallpox it is now felt that the risks of vaccination outweigh those of acquiring the disease in this country. Consequently the routine vaccination of infants ceased to be recommended in 1971. This leaves the current approved regime of immunisations as triple vaccine plus oral polio vaccine at five, seven, and twelve months, with boosters of the diphtheria, tetanus, and polio at roughly five year intervals during school life (in general, at the same time as the routine medical inspections) and measles vaccine at thirteen months. Rubella vaccine is then given to girls at twelve to thirteen years, followed by B.C.G. vaccination after Heaf testing of all pupils at around thirteen years.

Services for old people began to expand rapidly after 1948. Attendances at the chiropody clinic, responsibility for which passed to the County in 1951, steadily increased, and outstripped the increase in sessions from one to three weekly. Plans to appoint a second chiropodist are being made in an attempt to reduce the current three month waiting list for an appointment. Similarly, the home help provision, which is mainly concerned with old people — though the other aspects such as maternity and the chronic sick and handicapped are also increasing — has grown over the past twenty-four years from 1949, when four home helps dealt with 37 cases to the present situation where seventy-five part-time helps have on their books at any one time about 600 cases. The chiropody and home help services are not necessarily free, payment for them being belated to means. Under Section 47 of the National Assistance Act the Borough Medical Officer has had the responsibility of making recommendations in cases where people, usually elderly, have been incapable of taking proper care of themselves. In a typical year anything up to ten cases may have been under review, but most of these could be alleviated by the organisation of home help assistance or the regular visiting by relatives. Occasionally the occupant required persuasion to enter suitable old people's accommodation, but only rarely was it found necessary to use the powers of compulsion. Under the 1951 Amendment to the Act the Medical Officer of Health and one other doctor could apply to a magistrate for the compulsory detention of a person in need of care for up to three weeks. Related to this problem is the one of providing sufficient suitable accommodation for the elderly, a responsibility perhaps of the Borough Housing rather than the Health Department. At any rate in Weymouth there were in 1950 thirty old peoples' bungalows with another fourteen being built. By the mid-fifties the waiting list for this type of housing had passed a hundred with less than fifty bungalows completed. Ten

years later there were 140 old peoples' dwellings, but the waiting list had grown to over two hundred. Demand continued to exceed supply so that in 1971 there were 320 people on the waiting list for 269 units of accommodation. At this rate it does not seem as if the problem of suitable housing for the elderly will ever be solved.

The post war period saw the establishment of a family planning service. As early as 1929 the Medical Officer of Health had doubted the wisdom of the then ban on his giving birth control advice, in view of the high incidence of unwanted pregnancy and consequent attempts at self-induced abortion. However, it was not until 1948 that contraceptive measures were first mentioned in connection with the post-natal clinics. By the mid-fifties a specifically family planning clinic was established, though at first patients were only seen on a general practitioner's recommendation. Attendances soon rose to a fairly steady level of around 200 annually, which by the early sixties were mostly on non-medical grounds. In 1964 the Family Planning Association took over the administration of the clinics on an agency basis, twice-weekly sessions now being held at Wyke Regis. In general, clients paid for the cost of their advice and supplies at these clinics in full, though there were in theory facilities for reduced payment by the less wealthy. However, this section of the population was usually conspicuous by its absence from these facilities. Attempts to overcome this sort of problem were made by legislation in 1971 which enabled free contraceptive advice and treatment to be given on a variety of medical and quasi-medical grounds. Probably little advantage has been taken of these concessions, for example, in the case of mothers with children under one year of age, but at least it would seem that from next year the total cost of family planning will be reduced to the standard prevailing prescription charge.

In the field of mental health, the shortage of hospital beds for the sub-normal and the growing feeling that this form of institutional care was not anyhow the ideal way of dealing with the problem led the Local Authority into the field of domiciliary provision for the mentally ill and handicapped. In 1955 plans were drawn up for an occupation centre for the sub-normal children of the town, and in February 1957 the centre, St. Aubyn's in Carlton Road North, was opened. There was still an urgent need, however, for more hospital provision for the severely sub-normal. In 1958 the Royal Commission on the law relating to mental illness and deficiency reported and this was followed on the 29th July 1959 by the passing of the Mental Health Act. Among other things, the Act recommended a big increase in the staff dealing with these patients, and a five year

building programme was started in the same year. In Weymouth, building started on the Wyvern Hostel and Training Centre in 1962 and it was opened the following year. With the children now at the Junior Training Centre, St. Aubyn's became a residential home for up to fifteen adult male sub-normals in 1965, and for women also from last year.

Local Authority nursing services also saw great expansion of duties, especially in the health visiting field, after the introduction of the National Health Service. By the late fifties their work load had increased by the introduction of more immunisation and the routine visiting of old people. In 1964 the emphasis was put on screening, and the early detection of developmental abnormality in infants and school children. An assessment clinic held jointly by the county medical and hospital paediatric staff was set up to examine young children referred from various sources, and a congenital disease register was started. By this time the health visitor's duties covered the care of children from infancy to school age, including the screening for phenylketonuria at birth and for deafness at seven months, together with visiting the physically handicapped and elderly. Under the 1948 Nurseries and Child Minders Act they also had to inspect and visit play-groups and premises where toddlers were minded during the day. In addition there were the school nurse duties, including the Heaf testing of entrants, most of the routine immunisations, and vision testing. In 1959 the Dorset County Nursing Association ceased acting as the home nursing agency for the county, concerning itself thereafter with solely charity work. The district nurses then passed into the direct employment of the local authority. At this time there were five district nurses and four district midwives in Weymouth. In the maternity field, the former ante-natal clinics had been replaced by mothercraft and relaxation classes, with a primarily health education role, and their popularity has shown a steady rise. Although home deliveries are now at a low level the rise in early discharges from hospital has in fact increased the work load of the domiciliary midwife. By the late sixties it was suggested that there could be joint appointments of hospital and local authority midwives, but the present situation is that the latter are performing deliveries on their own patients in hospital. In view of the increase in the elderly population of Weymouth, the district nurses were finding that much of their time was being occupied by the routine bathing of their patients, but recently additional less qualified staff have been recruited to take over some of this work. Following the 1969 Mayston report on Local Authority Nursing, roughly equivalent to the Salmon report for hospital nurses, Dorset had largely implemented the structure of nurs-

ing administration recommended therein. The County nursing organisation is thus fairly well prepared for the change to an integrated health service, though as yet Weymouth has not tried any of the general practitioner attachment schemes for its nurses.

Although the prevention of ill health has always been a priority with the Public Health Services and this function was written into the duties of the Local Health Authority when the National Health Service came into being, the problem has significantly changed over the last few decades. Now that higher standards of sanitation and hygiene prevail, the older infectious disease toll has diminished and has left the chronic degenerative diseases, particularly cardio-vascular disease and cancer, in the forefront of national mortality. Although much of this is inevitable, in the sense that everyone has to die eventually from something, it is still important to make efforts at preventing at least premature disability and death. However, with this kind of disease environmental manipulation may not be very beneficial and attempts must be made to persuade the general population to modify their life styles in accordance with what little is known about the causation of the various conditions. A typical example is the problem of lung cancer and other diseases caused by smoking, estimated to cause at least 10% of the deaths in this country. No satisfactory solution to this problem has yet been found but the authorities are attempting at least to inform the public of the situation, with particular emphasis on school children by films and talks in schools. Illicit drug-taking may be dealt with in a similar way and health education is also needed on the problems of venereal disease and contraception. To promote and co-ordinate these various programmes a full-time health education officer for the County was appointed last year. At present Dorset's largest educational project is on the care of the teeth. Although valuable, it is unfortunate that this is one field where environmental manipulation, by correcting the fluoride deficiency in Weymouth's water supply, could make a larger impact with up to a 60% reduction in the incidence of dental caries. Health education could have a role here by increasing public pressure for the introduction of this measure. Screening programmes for the early detection, and hopefully of early successful treatment, for the chronic diseases are a possibility. They tend to be expensive and of as yet unproven value. The only such scheme operating in Weymouth is the cervical cytology programme. Although cervical cancer is only one-sixth as common as lung cancer, its greater susceptibility to treatment if discovered early made a mass screening programme seem worthwhile. So far, however, no great reduction in deaths from the disease has

occurred in other places where the scheme has been running for a longer time. Unfortunately, those women most likely to contract cervical cancer are least likely to attend for regular screening. The Weymouth scheme started in 1966 and since then the annual attendance has been fairly steady at around a thousand. At first one or two cases of invasive cancer were found each year, but this soon declined to nothing. The prevalence of carcinoma in-situ has been fairly steady at around 0.5%.

By the late sixties the reorganisation of the health services was being planned. The underlying aim was to unify the three main divisions of the service. The Green Papers, Consultative Document and White Paper dealt with the changing ideas about the purely health services, while the 1968 Seebohm Report considered the future of the social services. Legislation more quickly followed the latter recommendations, and in April 1971 the Dorset Social Services Department was set up. Combining with the former Children's Department, the new department took over responsibility for the welfare of old people, including the administration of home helps, the mentally ill and handicapped in the community, also the various categories of physically handicapped including the blind and deaf. In addition social services became responsible for the registration and inspection of child minders and play-groups, and local authority day nurseries of which there are none at present in Weymouth, and the welfare of unmarried mothers and adoption. Owing to the changing social climate the demand for mother and baby homes and the supply of babies for adoption has fallen to a very low level, despite a steady illegitimacy rate, leading to the closure of St. Gabriel's Home in Weymouth, as already mentioned. Also in April 1971 Wyvern Junior Training Centre passed to the Education Department as a Special School for the severely sub-normal. From April 1974 the remains of the Health Department will again be split. Those services provided by the County, principally in the medical field, will pass to the Area Health Authority along with the hospital and general practitioner services, leaving the social services with the local authority. The Borough Health services, principally concerned now with environmental health, will remain with the Corporation, but will no longer directly employ a Medical Officer of Health. The School Health Service is also to become the responsibility of the Area Health Authority, but the problems of secondment of medical staff to town councils and liaison with the County Education and Social Service Departments have not yet been resolved.

STATISTICS

Area (in acres) excluding 331 acres of tidal water	7,017
Mid-year Home Population (estimated by the Registrar)	41,410
Estimated Number of inhabited Houses (31st March, 1973)	14,692
Rateable Value (31st March, 1973)	£2,073,744
Sum represented by a Penny Rate (1972-73) ...	£19,400

CHIEF INDUSTRIES & EXTENT OF UNEMPLOYMENT

I am indebted to Mr. J. Mathews, Manager of the Weymouth Employment Exchange, for the following information:

Registered Wholly Unemployed Persons

	1971			1972			1973		
	<i>Men</i>	<i>Women</i>	<i>Total</i>	<i>Men</i>	<i>Women</i>	<i>Total</i>	<i>Men</i>	<i>Women</i>	<i>Total</i>
March	491	150	641	484	138	622	402	102	504
June	279	43	322	323	40	363	261	45	306
September	403	94	497	319	63	382	227	29	256
Dec.	462	142	504	432	107	539	341	75	416*

* Figures include Portland Sub-Office. Separate figures not available.

The main industries in this area are:—

- Building and Civil Engineering
- Nationalised Industries
- National and Local Government Services
- Scientific Research
- Engineering — Mechanical & Electrical
- Distributive
- Hotel and Catering
- Transport
- Docks, Shipping and Ship Repairing
- Brewing

VITAL STATISTICS — 1972 — WEYMOUTH

				<i>Local authority area</i>			<i>England and Wales (Total)</i>
				<i>Males</i>	<i>Females</i>	<i>Total</i>	
Estimated mid-year home population				—	—	41,410	49,028,900
Live births							
Total	...	...		271	221	492	725,405
Legitimate	...	...		249	210	459	662,907
Illegitimate	...	...		22	11	33	62,498
Stillbirths							
Total	...	...		5	4	9	8,794
Legitimate	...	...		4	4	8	7,846
Illegitimate	...	...		1	—	1	948
Total live and still births							
Total	...	...		276	225	501	734,199
Legitimate	...	...		253	214	467	670,753
Illegitimate	...	...		23	11	34	63,446
Deaths of Infants							
Under 1 year of age							
Total	...	...		2	2	4	12,494
Legitimate	...	...		2	2	4	11,177
Illegitimate	...	...		—	—	—	1,317
Under 4 weeks of age							
Total	...	...		2	2	4	8,373
Legitimate	...	...		2	2	4	7,503
Illegitimate	...	...		—	—	—	870
Under 1 week of age							
Total	...	...		2	2	4	7,142
Legitimate	...	...		2	2	4	6,365
Illegitimate	...	...		—	—	—	777
Deaths—all ages				312	302	614	591,907

AND MELCOMBE REGIS M.B.

	<i>Local authority area</i>	<i>England and Wales</i>
Live birth rates, etc.		
Livebirths per 1,000 home population (crude rate)	11.9	14.8
Area comparability factor ...	1.09	1.00
Local adjusted rate	13.0	14.8
Ratio of local adjusted rate to national rate ... ..	.88	1.00
Illegitimate live births as percentage of all live births	7	9
Stillbirth rate		
Stillbirths per 1,000 total live and still births	18	12
Infant mortality rates		
Deaths under 1 year per 1,000 live births	8	17
Deaths of legitimate infants under 1 year per 1,000 legitimate live births	9	17
Deaths of illegitimate infants under 1 year per 1,000 illegitimate live births	—	21
Neonatal mortality rate		
Deaths under 4 weeks per 1,000 live births	8	12
Early neonatal mortality rate		
Deaths under 1 week per 1,000 total live births	8	10
Perinatal mortality rate		
Stillbirths and deaths under 1 week combined, per 1,000 total live and still births	26	22
Deaths rates, etc. — all ages		
Deaths per 1,000 home population (crude rate)	14.8	12.1
Area comparability factor ...	.75	1.00
Local adjusted rate	11.1	12.1
Ratio of local adjusted rate to national rate ... ..	.92	1.00

Causes of Death — 1972
(Supplied by Registrar General)

<i>Causes of Death</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Enteritis & other Diarrhoeal diseases	—	1	1
Other Infective & Parasitic diseases	1	—	1
Malignant Neoplasm, buccal cavity etc.	3	1	4
Malignant Neoplasm, Oesophagus ...	—	1	1
Malignant Neoplasm, Stomach ...	4	7	11
Malignant Neoplasm, Intestine ...	9	13	22
Malignant Neoplasm, Lung, Bronchus	24	8	32
Malignant Neoplasm, Breast ...	—	9	9
Malignant Neoplasm, Uterus ...	—	5	5
Malignant Neoplasm, Prostate ...	7	—	7
Leukaemia	2	1	3
Other Malignant Neoplasms ...	27	19	46
Benign and Unspecified Neoplasms	—	1	1
Diabetes Mellitus	—	4	4
Other Endocrine etc. Diseases ...	—	2	2
Anaemias	1	—	1
Mental Disorders	—	2	2
Other Diseases of Nervous System ...	4	2	6
Chronic Rheumatic Heart Disease ...	5	3	8
Hypertensive Disease	1	3	4
Ischaemic Heart Disease ...	104	71	175
Other forms of Heart Disease ...	16	16	32
Cerebrovascular Disease ...	34	61	95
Other Diseases of Circulatory System	11	13	24
Influenza	—	3	3
Pneumonia	21	24	45
Bronchitis and Emphysema ...	13	3	16
Asthma	1	—	1
Other Diseases of Respiratory System	—	1	1
Peptic Ulcer	5	3	8
Intestinal Obstruction and Hernia	1	1	2
Cirrhosis of Liver	1	1	2
Other Diseases of Digestive System	4	4	8
Nephritis and Nephrosis ...	—	1	1
Hyperplasia of Prostate	1	—	1
Other Diseases, Genito-Urinary System	3	2	5
Diseases of Musculoskeletal System	—	3	3
Congenital anomalies	—	1	1
Birth Injury, Difficult Labour, etc. ...	1	1	2
Other causes of Perinatal Mortality	1	1	2
Symptoms and ill defined conditions	1	2	3
Motor Vehicle Accidents	4	2	6
All other Accidents	4	2	6
Suicide and Self-Inflicted Injuries ...	1	3	4
All other external Causes ...	—	1	1
TOTAL	312	302	614

Immunisation: Protection of the appropriate age groups against Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, Measles and Smallpox is the responsibility of the Dorset County Council as Local Health Authority. Protection of school children in South Dorset remains at a high level and of those examined in 1972, 98.8% had been protected against Diphtheria and Tetanus and 98.6% against Poliomyelitis.

Superannuation: During the year 35 persons were medically examined as to their fitness for inclusion in the Council's Superannuation Scheme.

Laboratory Facilities: The County Laboratory at Dorchester under the direction of Dr. A. N. Blades, Senior Consultant Pathologist and the separate Public Health Laboratory there under Dr. G. H. Tee have given every possible assistance in the work of the Health Department and their ready co-operation at all times has been very much appreciated.

INFESTATION

Scabies and Head Infestation

Scabies is a notifiable disease under an Order made by the Town Council in 1943.

The tables which follow show the number of cases of Scabies and Head Infestation reported and treated during 1972 and 1973.

Scabies

<i>Year</i>	<i>Total No notified</i>	<i>No. Notified by Practitioner</i>	<i>No. Notified by Public Health Dept.</i>	<i>Total Number of Treatments (incl. contacts)</i>
1966	4	3	1	9
1967	23	23	—	120
1968	31	25	6	127*
1969	20	20	—	101*
1970	21	20	1	48*
1971	22	9	13	71*
1972	6	3	3	46
1973	45	7	38	192

* 'Treatments' include patients with suspicious skin rashes but in whom a precise diagnosis has not been made.

Head Infestation

Year	Number of Infested Persons	Adult	School	Under 5	Total No. of Treatments
1966	73	3	68	2	94
1967	37	4	31	2	47
1968	11	—	10	1	25
1969	19	3	15	1	30
1970	26	5	19	2	82
1971	34	9	21	4	62
1972	58	5	46	7	73
1973	76	11	59	6	162

INFECTIOUS AND OTHER NOTIFIABLE DISEASES

The Public Health (Infectious Diseases) Regulations 1968 came into operation on the 1st October 1968. The Town Council has delegated to their Medical Officer of Health authority to take any necessary administrative action under these Regulations.

INFECTIOUS AND OTHER NOTIFIABLE DISEASE — 1972 AND 1973

	Males		Females		Total	
	1972	1973	1972	1973	1972	1973
Measles	8	14	6	18	14	32
Dysentery	1	—	—	—	1	—
Scarlet Fever	—	1	1	1	1	2
Diphtheria	—	—	—	—	—	—
Acute Meningitis	1	1	—	—	1	1
Acute Poliomyelitis: Paralytic	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—
Acute Encephalitis: Infective	—	—	—	—	—	—
Post Infectious	—	—	—	—	—	—
Leptospirosis	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—
Food Poisoning	1	1	1	—	2	1
Tetanus	—	—	—	—	—	—
Infective Jaundice	5	6	4	2	9	8
Whooping Cough	—	—	—	—	—	—
Tuberculosis: Respiratory	—	3	—	—	—	3
Meninges and C.N.S.	—	—	—	—	—	—
Other	—	1	1	—	1	1
Smallpox	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—
Anthrax	—	—	—	—	—	—
Yellow Fever	—	—	—	—	—	—
Scabies	4	15	2	30	6	45

APPENDIX — STATISTICS FOR THE YEARS 1972/73

WATER SUPPLY

Bacteriological Samples

Mr. F. W. Bower, Engineer and Manager to Dorset Water Board, has kindly supplied me with full information on sampling of water supplies in the Borough, summarised as follows:—

Raw Water Samples	1972	1973
Suton Poyntz	3	—
Empool	55	49
Treated Water Samples		
Sutton Poyntz	96	98
Empool	54	49
From consumers' taps	175	164

In addition to the above, the Health Department submitted 47 samples from supply after chlorination in 1972 and 46 in 1973. All results were satisfactory.

FLUORIDE CONTENT

Sutton Poyntz	less than 0.1 p.p.m.
Empool	less than 0.1 p.p.m.

HOUSING

UNFIT HOUSES

Action taken was as follows:—

1. Closing Orders were made in respect of:—

1972	1973
35 Park Street (part)	23 High Street, Wyke Regis
705 Dorchester Road	1 Governor's Lane
7 New Street	13 Trinity Terrace
19 Penny Street	
2 Walpole Street	
27 Prince of Wales Road	
17 Gallwey Road	

2. The following properties, subject to closing or demolition orders, were demolished :—

1972	1973
Albion Cottage, Gypsy Lane	53, 55 and 57 Lanehouse Rocks
Coombe Valley Farm Cottage	Road, (formerly Nos. 69, 71
522 Dorchester Road	and 73)
49 Preston Road	

3. Houses made fit following action under Section 16, Housing Act 1957 and Closing Orders determined:—

1972	1973
163 Abbotsbury Road	3 The Retreat, Broadway
33 Park Street	2 South Parade
17 Franklin Road	6 Charles Street
228 Preston Road	9 Marsh Road
1 Trinity Terrace	30 Holly Road

4. Houses made fit after Informal or Statutory action
Eleven houses were made fit during 1972 following service of informal or statutory notices and five during 1973.

POSITION AS AT 31st DECEMBER, 1973 HOUSING ACT, 1957

<i>Premises</i>	<i>Still occupied as dwellings</i>	<i>Used as Store or work-places</i>	<i>Vacant</i>	<i>Total</i>
Houses subject to Demolition				
Orders not yet demolished ...	—	3	1	4
Parts of Buildings subject to Closing Orders ...	1	1	5	7
Houses subject to Closing Orders ...	3	1	19	23
Parts of Buildings subject to Undertaking not to re-let for human habitation ...	—	1	—	1

HOUSING ACT 1969

Grant Applications	1972	1973
Standard ...	36	29
Discretionary ...	89	80
Grant works completed:—		
Standard ...	45	30
Discretionary ...	52	90
Visits made re grants ...	298	297
Applications for Qualification Certificates	26	7
Visits re Qualification Certificates ...	58	16

FOOD AND DRUGS ACT — SECTION 83

Sampling

'Fifty-three samples of milk were subjected to the Gerber test by the Department's officers during 1972 and thirty-six during 1973. All were satisfactory.

Samples submitted to the Public Analyst:

				1972	1973
Food	...	...	...	124	120
Drugs	...	...	...	13	16
Complaint samples			...	6	5

Details are as follows—

FOOD— 1972				Formal	Informal	Total	Genuine	Adulterated or irregular
Almond cake covering	...			—	1	1	—	1
Baby Food	...	...	...	—	2	2	2	—
Beer	...	...	...	—	2	2	2	—
Biscuits	...	...	...	—	1	1	1	—
Blackcurrant drink	...	...		1	2	3	2	1
Bread	...	...	...	—	2	2	2	—
Butter	...	...	...	—	2	2	2	—
Cakes	...	...	...	—	5	5	5	—
Cake mixture	...	...	...	—	1	1	1	—
Candied Peel, etc.	...	...	...	—	4	4	4	—
Cheese	...	...	...	—	2	2	2	—
Chocolate Drink	...	...		—	1	1	1	—
Christmas Pudding	...	...		—	1	1	1	—
Cochineal	...	...	...	—	1	1	1	—
Coffee	...	...	...	—	1	1	1	—
Cooking Oil	...	...	...	—	1	1	1	—
Cream	...	...	...	—	1	1	1	—
Custard Powder	...	...		—	2	2	2	—
Custard, tinned	...	...		—	1	1	1	—
Flour	...	...	...	2	1	3	—	3
Fruit, fresh	...	...	...	—	10	10	10	—
Fruit, dried	...	...	...	—	5	5	5	—
Fruit, tinned	...	...	...	—	2	2	2	—
Fruit juice	...	...	...	—	1	1	1	—

					Formal	Informal	Total	Genuine	Adulterated or irregular
Herbs	...	...	...	—	2	2	2	2	—
Honey	...	...	...	—	1	1	1	1	—
Icecream	...	...	...	—	1	1	1	1	—
Jam	...	...	...	—	1	1	1	1	—
Lemon Curd	...	...	...	—	1	1	1	1	—
Liqueur chocolate	...	...	...	—	1	1	1	1	—
Margarine	...	...	...	—	4	4	4	4	—
Mayonnaise	...	...	...	—	1	1	1	1	—
Meat and fish products	...	...	...	—	27	27	24	3	3
Milk powder	...	...	...	—	3	3	3	3	—
Milk, tinned	...	...	...	—	1	1	1	1	—
Mincemeat	...	...	...	—	1	1	1	1	—
Nuts	...	...	...	—	1	1	1	1	—
Parsnip Wine	...	...	...	—	1	1	1	1	—
Pease Pudding	...	...	...	—	1	1	1	1	—
Rice	...	...	...	—	1	1	1	1	—
Salt	...	...	...	—	1	1	1	1	—
Sauces	...	...	...	—	3	3	3	3	—
Soft drinks	...	...	...	—	1	1	1	1	—
Soup	...	...	...	—	1	1	1	1	—
Spices	...	...	...	—	2	2	2	2	—
Spirits	...	...	...	3	—	3	3	3	—
Tea	...	...	...	—	1	1	1	1	—
Vegetables, fresh	...	...	...	—	5	5	5	5	—
Vegetables, frozen	...	...	...	—	1	1	1	1	—
Vegetables, tinned	...	...	...	—	2	2	2	2	—
Vinegar	...	...	...	—	1	1	1	1	—
					6	118	124	116	8

DRUGS — 1972

Cough medicines, etc	...	...	—	3	3	3	—
Vitamin preparations	...	...	—	3	3	3	—
Ointments, etc.	...	...	—	2	2	2	—
Digestive medicines, etc.	...	...	—	1	1	1	—
Miscellaneous drugs	...	...	—	4	4	4	—
				—	13	13	13

COMPLAINT SAMPLES SENT FOR ANALYSIS

	Total	Genuine	Adulterated or Irregular
Frozen peas	1	1	—
Minced beef and onions ...	1	1	—
Toothpaste	1	—	1
Flour	1	1	—
Water — for lead content ...	1	1	—
Fruit juice	1	—	1
	6	4	2

FOOD AND DRUGS SAMPLES FOUND TO BE ADULTERATED OR IRREGULAR

No.	Sample	Formal or Informal	Nature of Adulteration or irregularity	Observations	Action taken
1086	Scampi	Informal	The product consisted of pieces of scampi encased in a substance resembling uncooked batter, rather than bread-crumbs. Also, the scampi content of the individual pieces ranged from 26 to 41 percent.	A further sample was taken which proved to be satisfactory.	No action.
1088	Flour	Informal	Selfraising flour deficient of chalk. Chalk content not more than 150 milligrams per 100 grams of flour.	Chalk content not more than 150 milligrams per 100 grams of flour.	Further samples obtained See Nos. 1137 and 1141.
1137 and 1141	Flour	Formal	Selfraising flour (of the same brand as sample No. 1088) deficient of chalk.	Chalk content not more than 110 milligrams per 100 grams of flour.	Matter taken up with manufacturer.
1090	Cream chicken pies	Informal	It was chicken and potato pie wrongly described as Cream chicken pie.	The proportion of chicken was satisfactory but the use of the word "cream" is misleading.	Matter taken up with Vendor and manufacturer.
1128	Blackcurrant drink	Informal	It was a blackcurrant soft drink suitable for consumption after dilution, deficient of blackcurrant juice.	Blackcurrant juice not more than 7.0 percent by volume.	Formal sample taken which was satisfactory.
1198	Meat pasties	Informal	It was cooked meat pasties deficient of meat.	Meat content not more than one half ounce per pasty.	Manufacturer warned and label changed.
1201	Almond cake covering	Informal	It was almond flavoured cake covering bearing an unsatisfactory label and infested with mould.		Matter taken up with manufacturer. Label to be altered.

FOOD — 1973

OOD = 1975

				Formal	Informal	Total	Genuine	Adulterated or Irregular
Almonds, ground	...	...	—	2	2	2	—	—
Apples	...	...	—	1	1	1	—	—
Apricots	...	...	—	1	1	1	—	—
Baby Food	...	...	—	4	4	4	—	—
Baked Beans	...	...	—	1	1	1	—	—
Baking powder	...	...	—	1	1	1	—	—
Beef, canned	...	...	—	1	1	1	—	—
Black pudding	...	...	—	2	2	2	—	—
Brawn	...	...	—	1	1	1	—	—
Broad beans	...	...	—	1	1	1	—	—
Butter	...	...	—	1	1	1	—	—
Cake	...	...	—	1	1	1	—	—
Celery juice	...	...	—	1	1	1	—	—
Cheese spread	...	...	—	2	2	2	—	—
Chilli powder	...	...	—	1	1	1	—	—
Chocolates	...	...	—	3	3	3	—	—
Christmas Pudding	...	...	—	3	3	3	—	—
Coffee	...	...	—	2	2	2	—	—
Corned beef	...	...	—	1	1	1	—	—
Crab	...	...	—	1	1	1	—	—
Cream	...	...	—	3	3	3	—	—
Curry powder	...	...	—	1	1	1	—	—
Custard Powder	...	...	—	1	1	1	—	—
Dates	...	...	—	1	1	1	—	—
Doughnuts	...	...	—	1	1	—	1	—
Figs	...	...	—	1	1	1	—	—
Fish cakes	...	...	—	1	1	1	—	—
Flour	...	...	—	1	1	1	—	—
Fruit sauce	...	...	—	1	1	1	—	—
Garlic sausage	...	...	—	1	1	1	—	—
Honey	...	...	—	1	1	1	—	—
Jam	...	...	—	1	1	1	—	—
Jelly	...	...	—	2	2	2	—	—
Lard	...	...	—	1	1	1	—	—
Lemon Curd	...	...	—	2	2	2	—	—
Margarine	...	...	—	3	3	3	—	—
Marmalade	...	...	—	1	1	1	—	—
Marzipan	...	...	—	3	3	3	—	—
Mashed potato	...	...	—	1	1	1	—	—
Mayonnaise	...	...	—	1	1	1	—	—
Mead	...	...	—	1	1	1	—	—

				Formal	Informal	Total	Genuine	or Irregular Adulterated
Milk bread	...	...	...	—	3	3	2	1
Milk, tinned	...	...	...	—	2	2	2	—
Milk, dried	...	...	...	—	2	2	2	—
Mincemeat	...	...	...	—	1	1	1	—
Molasses	...	...	...	—	1	1	1	—
Mushrooms	...	...	...	—	3	3	3	—
Oatcakes	...	...	...	—	1	1	1	—
Onions	...	...	...	—	1	1	1	—
Oranges	...	...	...	—	2	2	2	—
Peas, split	...	...	...	—	1	1	1	—
Pepper ...	...	...	...	—	1	1	1	—
Pies, meat	...	...	...	—	2	2	2	—
Plums	...	...	...	—	1	1	1	—
Raisins	...	...	...	—	1	1	1	—
Ravioli	...	...	...	—	1	1	1	—
Ready meal	...	...	...	—	1	1	1	—
Rice pudding	...	...	...	—	1	1	1	—
Rum babas	...	...	...	2	2	4	1	3
Salad dressing	...	...	...	—	1	1	1	—
Salt ...	...	...	...	—	1	1	1	—
Sausage rolls	...	...	...	—	2	2	2	—
Sausages	...	...	...	—	1	1	1	—
Soft drinks	...	...	...	—	5	5	5	—
Soup ...	...	...	...	—	3	3	3	—
Spice	...	...	...	—	1	1	1	—
Spirits	...	...	...	3	—	3	3	—
Sponge mixture	...	...	...	—	1	1	1	—
Stewed steak	...	...	...	—	1	1	1	—
Suet, beef	...	...	...	—	1	1	1	—
Tea ...	...	...	...	—	1	1	1	—
Tomatoes	...	...	...	—	1	1	1	—
Tomato sauce	...	...	...	—	2	2	2	—
Tongue	...	...	...	—	1	1	1	—
Tonic water	...	...	...	—	1	1	1	—
Veal, jellied	...	...	...	—	1	1	1	—
Vinegar	...	...	...	—	3	3	3	—
Watercress	...	...	...	—	1	1	1	—
				5	115	120	115	5

DRUGS — 1973

					Formal	Informal	Total	Genuine	Adulterated or Irregular
Aluminium hydroxide gel	...				—	1	1	1	—
Aspirin		—	1	1	1	—
Calamine lotion			—	1	1	1	—
Calcium lactate			—	1	1	1	—
Codeine		—	1	1	1	—
Cod Liver Oil			—	2	2	2	—
Digestive mixture			—	1	1	1	—
Halibut oil capsules			—	1	1	1	—
Magnesia		—	1	1	1	—
Paracetamol		—	1	1	1	—
Sleeping tablets			—	1	1	1	—
Toothpaste		—	3	3	3	—
Travel sickness tablets	...				—	1	1	1	—
					—	16	16	16	—

**COMPLAINT SAMPLES SUBMITTED FOR ANALYSIS —
1973**

					Formal	Informal	Total	Genuine	Adulterated or Irregular
Butter		—	1	1	—	1
Canned rhubarb			—	1	1	1	—
Chicken and bacon pies					—	1	1	—	1
Rum baba		—	1	1	—	1
Stuffed peppers			—	1	1	1	—
					—	5	5	2	3

FOOD AND DRUGS SAMPLES FOUND TO BE ADULTERATED OR IRREGULAR

No.	Sample	Formal or Informal	Nature of Adulteration or irregularity	Observations	Action taken
1245	Milk bread	Informal	Deficient of milk fat.	It was skimmed milk bread wrongly described as milk bread.	Vendor warned.
1277	Jam and cream doughnuts	Informal	The "cream" was synthetic or imitation cream devoid of milk fat.	Wrongly described as jam and cream doughnuts.	Vendor warned.
1278	Chicken and bacon pies	Complaint	20% of meat, less than one ounce per pie.	It was impossible to say if some meat or pastry had been re-moved.	Further sample taken and found satisfactory.
1296 1297	Rum babas Rum babas	Complaint Informal	(Contained insufficient rum, not more than 0.2%.	Should contain at least 1% of rum.	Further sample taken. See No. 1304.
1304	Rum babas	Formal	No detectable rum content.	A misleading description.	Vendor prosecuted. Fined £15 and £5 costs.
1305	Rum babas	Informal	No detectable rum content.	A misleading description.	Further sample taken and found satisfactory.
1364	Butter	Complaint	Foreign object.	The foreign object was a piece of rubber.	Action pending.

FOOD — COMPLAINTS

	1972	1973
Number of complaints received ...	74	73

In 1972 legal proceedings were taken in four cases as follows:—

Cigarette end in cake — Defendant pleaded guilty and was fined £25.00 and £5.00 costs in each of two cases.

Wood splinter in cake — Defendant pleaded guilty and was fined £10.00 and £5.00 costs.

Cigarette end in fish cake — Defendant pleaded guilty and was fined £25.00 and £5.00 costs.

In 1973 legal proceedings were taken as follows:—

Wire in pasty — Manufacturer pleaded guilty and was fined £30.00 and £5.00 costs.

Matchstick in pork pie — Manufacturer pleaded guilty and was fined £30.00 and £5.00 costs.

Legal proceedings were also taken in 1973 following an unsatisfactory formal sample:—

Rum babas deficient in rum — Vendor pleaded guilty and was fined £15.00 and £5.00 costs.

Legal proceedings authorised and pending		
	at end of 1973	4
Action not decided at end of 1973	...	1

	1972	1973
Matter taken up with producers or retailers	42	43
No action required	25	25
Visits in connection with food complaints ...	170	197

FOOD POISONING

Number of cases during the year	1	1
Number of visits re suspected food poisoning	12	20

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

Number of egg pasteurisation plants in the district	none
Number of samples tested	none

FOOD HYGIENE

Food Hygiene (General) Regulations, 1970

	1972	1973
Number of visits to food premises ...	671	696
Number of informal notices served ...	73	82

DETAILS OF FOOD PREMISES AT END OF 1973

Category	Number of Premises					
Bakehouses	9
Butchers	25
Greengrocers	22
Bakers' shops	18
Fishmongers	8
Fried fish shops	10
Confectioners (sweets)	50
Grocers	106
Catering premises	103
Food factories	3
Food wholesalers	6
Chemists	15
Off licence premises, other than food shops	7
Licensed premises, other than restaurants, cafes and clubs	85

FOOD HYGIENE (MARKETS, STALLS AND DELIVERY VEHICLES) REGULATIONS, 1966

	1972	1973
Number of visits	29	22

ICE-CREAM (HEAT TREATMENT) REGULATIONS, 1959

Number of premises registered for manufacture or sale of ice-cream	217	
	1972	1973
Number of visits made	111	84
Number of samples taken	59	49
Number of samples graded 1 or 2	47	44

MILK SUPPLIES

Brucella Abortus

	1972	1973
Number of samples taken (by County Council Officers)	63	33
Number of positive samples found	0	1*

*The affected cow was traced and sent for slaughter.

MILK (SPECIAL DESIGNATION) REGULATIONS, 1963

Number of dealers (pre-packed) licences	108	105
Number of dealers (Pasteurisers) licences	1	1
Number of samples taken (by County Council Officers)	301	247

FOOD SUPPLIES

(1) Meat Inspection

There are no slaughterhouses within the Borough.

(2) Foodstuffs condemned					1972	1973
Through refrigeration breakdown					1443 lbs.	566 lbs.
Carcass meat	...	...	...	...	261 lbs.	170 lbs.
Cooked meat products	...	...	...	...	— lbs.	55 lbs.
Canned meat products	...	...	...	...	397 lbs.	210 lbs.
Other canned and potted foods	...	...	...	...	1077 lbs.	2963 lbs.
Fish	...	...	...	...	— lbs.	123 lbs.
Fruit and vegetables	...	...	...	...	2732 lbs.	8080 lbs.
Other foods	...	...	...	...	80 lbs.	216 lbs.

(3) Poultry Inspection

There are no poultry processing premises within the district.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963 REGISTRATIONS AND GENERAL INSPECTIONS

Class of Premises	Number of premises registered during the year		Total number of registered premises at end of year		No. of registered premises receiving a general inspection during the year	
	1972	1973	1972	1973	1972	1973
Offices	7	7	95	102	5	7
Retail Shops	17	9	316	312	53	57
Wholesale Shops, Warehouses	—	1	6	7	—	1
Catering Establishments open to the public, Canteens	5	3	63	65	15	17
Fuel Storage Depots	—	—	1	1	1	—

	1972	1973
Number of visits of all kinds by Inspectors to Registered Premises	205	185

ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

Class of Workplace	Number of persons employed	
	1972	1973
Offices	842	885
Retail Shops	1642	1576
Wholesale Departments, Warehouses	59	60
Catering Establishments open to the public	635	593
Canteens	9	11
Fuel Storage Depots	7	7
Total	3194	3132
Total Males	1086	1001
Total Females	2108	2131

	1972	1973
No. of notices served	23	34
No. of defects found	52	74
No. of notices complied with	7	17
No. of defects remedied	20	46

Three reports were received during 1972 under Regulation 6 of the Offices, Shops and Railway Premises (Hoists and Lifts) Regulations 1968 and four in 1973. The necessary works were carried out.

Accidents

Ten accidents were reported and investigated during 1972 and seven in 1973. None of these was serious and none was due to a contravention of the Act.

Prosecutions

No prosecutions were instituted under the Act.

CLEAN AIR ACTS 1956—1968

	1972	1973
No. of complaints received re smoke nuisances	5	13
No. of visits made	25	72

NOISE ABATEMENT ACT 1960

No. of complaints received	19	23
No. of visits made	72	164

RODENT CONTROL

		<i>Type of Property</i>			
		<i>Non Agricultural</i>		<i>Agricultural</i>	
		1972	1973	1972	1973
1.	(a) Total number of properties (including nearby premises) inspected following notification.	459	481	—	—
	(b) Number infested by				
	(i) Rats	278	181	—	—
	(ii) Mice	127	195	—	—
2.	(a) Total number of properties inspected for rats and/or mice for reasons other than notification	66	55	33	30
	(b) Number infested by				
	(i) Rats	4	1	14	16
	(ii) Mice	9	9	—	3
		1972		1973	
3.	Number of complaints re rats and mice	456		396	
4.	Number of visits by the Public Health Inspectors, mainly in connection with rat proofing, repairs to drainage systems,	1972		1973	
etc.	... ..	345		430	

SUMMARY OF INSPECTIONS CARRIED OUT

Reason for Inspection	Number of visits including re-visits		Nuisances or defects found		Nuisances or defects remedied	
	1972	1973	1972	1973	1972	1973
Premises under Public Health and Housing Acts ...	842	890	62	129	25	62
Drainage works only (existing buildings)	430	395	9	16	12	14
Caravan Sites and Camping Sites	286	354	15	5	26	2
Food premises, Kiosks, etc. ...	671	718	217	291	135	194
Milk and Dairies Regulations	49	39	—	1	—	1
Factories Act	58	44	3	10	2	10
Offices, Shops and Railway Premises Act	205	185	52	74	20	46
Prevention of Damage by Pests Act	345	430	15	11	13	2
Public Conveniences ...	2139	2451	—	—	—	—
Number of complaints received			1972	1973		
			187	202		

OTHER VISITS

	1972	1973
Water sampling	74	60
Rehousing applicants	292	171
Food and drugs sampling	138	121
Volumetric air pollution	80	86
Infectious diseases	20	11
Controlled tip	72	40
Civic Amenities Act	41	29
Streams and Watercourses	194	119
Mosquito Control	89	88
Wasps nests	23	72
Disinfection and disinfestation	96	74
National Assistance Act — Section 47 ...	59	14
Hairdressers	4	4
Riding Establishments Act	8	3
Animal Boarding Establishments Act ...	18	17
Pet Animal Act	4	9
Pigeons	44	17
Swimming Pools	45	81
Offensive Trade	1	1
Miscellaneous	599	669

SUMMARY OF NOTICES SERVED

	Served		Informal Notices Complied	
	1972	1973	1972	1973
Public Health Act, 1936 ...				
House Defects ...	22	27	11	15
Drainage ...	8	14	9	10
Other Defects ...	7	18	3	13
Factories Act, 1961 ...	3	6	—	6
Food Hygiene (General) Regulations, 1970 ...	73	82	32	51
Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966	—	5	1	2
Prevention of Damage by Pests Act, 1949 ...	5	11	4	2
Offices, Shops and Railway Premises Act, 1963 ...	23	34	7	17
Caravan Sites and Control of Development Act, 1960	6	4	6	2
Hairdressers Byelaws ...	1	—	—	—
Pet Animals Act, 1951 ...	1	1	—	1
Clean Air Act 1956-68	—	8	—	4
Noise Abatement Act, 1960	—	7	—	3
Labelling of Food Regulations ...	—	6	—	—
Milk and Dairies Regulations ...	—	1	—	1
Housing Acts (Multiple Occupation) ...	—	1	—	—

FACTORIES ACT, 1961
Survey of Action During Year

(1) Inspection for purposes of provisions as to health

<i>Premises</i>				<i>Number on Register</i>		<i>Inspec- tions</i>		<i>Written Notices</i>		<i>Occupiers Prosecuted</i>	
				1972/3		1972/3		1972/3		1972/3	
(a)	Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities			2	2	1	2	—	—	—	—
(b)	Factories not included in (a) above in which Section 7 is enforced by the Local Authority			115	116	53	34	3	1	—	—
(c)	Other premises in which Section 7 is enforced by the Local Authority (excluding Outworkers Premises)			48	46	3	8	—	—	—	—
Total				165	164	57	44	3	1	—	—

(2) Cases in which defects were found

<i>Particulars</i>				<i>No of Cases in which Defects were found</i>				<i>No. of cases in which pro- secutions were instituted</i>			
				<i>Found</i>		<i>Re-me- To H.M. died Inspector</i>		<i>By H.M. Inspec.</i>		<i>secutions were instituted</i>	
				1972/3		1972/3		1972/3		1972/3	
Want of cleanliness				2	4	2	4	—	—	—	—
Overcrowding				—	—	—	—	—	—	—	—
Unreasonable temperature				—	—	—	—	—	—	—	—
Inadequate ventilation				—	—	—	—	—	—	—	—
Ineffective drainage of floors				—	—	—	—	—	—	—	—
Sanitary Conveniences:—											
(a) Insufficient				1	2	—	2	—	—	1	1
(b) Unsuitable or defective				—	4	—	4	—	—	—	—
(c) Not separate for sexes				—	—	—	—	—	—	—	—
Other offences against the Act (not including offences relating to outworkers)				—	—	—	—	—	—	—	—
Total				3	10	2	10	—	—	1	1

(3) Outworkers (Sections 133 and 134)
 Nil

**BOROUGH OF WEYMOUTH AND
MELCOMBE REGIS**



**METEOROLOGICAL
DEPARTMENT**

*Summary for the
Years 1972 & 1973*



Lat. 50° 36' 52" N. Long. 02° 28' 48" W.
75 feet above Sea Level



G. B. SMITH, Esq., M.A., M.Ed.
Borough Meteorologist

Meteorological Station
Weymouth

REMARKS — 1972

RAINFALL

The year's rainfall of 829.2mm. was in excess of the average over the last ten years by 53.4 mm., the wettest month being November with a fall of 115.8 mm. July was the driest month with a fall of 23.5 mm., though there was a dry period of twenty-nine days from the 10th August to the 7th September.

The greatest fall in twenty-four hours (29.6) was recorded on the 9th October.

SUNSHINE

Sunshine, on the other hand, of 1702.4 hours fell short of the average (1767.4 hours) by 65 hours. The greatest daily amount of 15.3 hours was recorded on the 19th June. There was only one sunless day in April and August respectively.

TEMPERATURE

The mean maximum screen temperature of 13.7 C was the lowest for the last six years, excluding 1968, when it was 13.3 C, whereas the mean temperature at 10.4 C varied little from those of the past six years.

There was a moderate fall of snow on the 17th November, but it had practically vanished by midday.

There was a thunderstorm of short duration on the 4th December.

THE WINDS

Observed daily at 0900 B.S.T. and G.M.T.

1972 Month	DIRECTION							Calm
	N.	N.E.	E.	S.E.	S.	S.W.	W.	
January	1	6	1	6	4	4	1	3 5
February	1	7	3	4	3	4	3	1 3
March	0	9	6	4	1	6	3	2 0
April	7	5	1	0	0	5	6	4 2
May	6	3	1	3	3	11	4	0 0
June	0	3	1	0	1	21	2	0 2
July	1	10	0	0	0	11	4	1 4
August	2	9	3	1	2	8	0	4 2
September	5	14	2	1	0	0	3	4 1
October	0	14	2	1	3	1	5	2 3
November	3	3	0	0	1	7	9	2 5
December	1	4	2	5	4	11	0	0 4
Total	27	87	22	25	22	89	40	23 31

RAINFALL

Month 1972	Total Fall mm.	Percentage of Average	Days of 0.2 mm. or more	Days of 1 mm. or more	Greatest fall in 24 hours	Date	Rainless Days
January	... 113.3	122	4	19	16.7	7th	7
February	... 94.4	166	4	18	18.3	3rd	5
March	... 74.5	133	6	11	19.3	4th	13
April	... 57.5	103	2	12	21.2	13th	16
May	... 64.6	141	7	15	11.6	11th	6
June	... 41.2	109	6	10	9.5	12th	9
July	... 23.5	60	5	3	15.5	8th	22
August	... 60.8	102	3	4	19.6	2nd	23
September	... 24.2	36	1	3	13.8	9th	26
October	... 40.9	48	3	5	29.6	9th	21
November	... 115.8	113	5	13	25.0	19th	9
December	... 118.5	155	2	18	16.1	6th	10
Year	... 829.2	107	48	131	29.6	9th October	167

BRIGHT SUNSHINE

1972	Month	Actual Sunshine (Hours)	Percentage of Average	Greatest Daily Amount (Hours)	Date	Number of Days with Sunshine Recorded	Sunless Days	Cloud Amount 1—8 9 a.m.
January	...	59.0	104	7.4	27th	17	14	5.7
February	...	54.7	77	8.7	14th	21	11	6.4
March	...	171.2	123	10.9	24th	25	5	3.8
April	...	211.6	125	12.7	15th	29	1	3.4
May	...	177.6	79	12.5	1st	27	4	4.9
June	...	184.5	76	15.3	19th	27	3	5.2
July	...	209.2	93	14.7	15th	26	6	4.6
August	...	228.6	116	13.5	19th	30	1	3.5
September	...	163.5	100	11.3	1st	27	3	4.3
October	...	95.3	85	9.6	4th	21	10	4.8
November	...	82.8	108	7.5	14th	19	11	5.4
December	...	64.4	95	6.9	19th	19	12	5.2
Year	...	1702.4	98	15.3	19th June	288	81	4.8

PRESSURE

Barometer Readings in inches at 0900 B.S.T. and G.M.T.

1972 Month	Mean Inches	Highest Inches	Date	Lowest Inches	Date	Relative Humidity %	Vapour Pressure (Millibars)
January	...	29.81	30.35	22nd	29.22	17th	87.1 8.0
February	...	29.67	30.11	22nd	29.04	11th	86.7 8.3
March	...	29.83	30.32	24th	29.11	5th	79.1 8.7
April	...	29.88	30.31	23rd	29.06	11th	72.1 8.9
May	...	29.91	31.06	15th	29.06	12th	81.5 10.8
June	...	29.98	31.06	17th	29.74	10th	79.6 11.9
July	...	30.11	30.43	14th	29.74	31st	82.7 15.4
August	...	30.13	30.44	19th	29.51	8th	78.1 15.1
September	...	30.17	30.40	2nd	29.65	9th	76.9 11.9
October	...	30.04	30.46	18th	29.31	27th	84.0 12.0
November	...	30.00	30.51	25th	29.00	20th	84.3 9.5
December	...	29.93	30.55	20th	29.25	2nd	89.1 9.6
Mean	...	29.96	31.06	15th May 17th June	29.00	20th November	81.8 10.8

TEMPERATURE OF THE AIR (C.)

1972 Month	9 a.m. Mean	Max. Mean	Min. Mean	Max & Min. Mean	Difference from Average	Highest	Date	Lowest	Date
January	5.4	8.7	2.9	5.8	+1.2	11.4	10th	-9.3	6th
February	6.2	8.6	3.5	6.1	+1.7	11.0	28th	-2.2	1st
March	8.1	11.8	4.3	8.0	+1.5	19.0	21st	-2.4	12th
April	10.0	13.2	5.2	9.2	-0.5	17.0	26th	-7.6	29th
May	11.2	13.9	7.7	10.8	-1.0	18.0	2nd	3.2	17th
June	13.0	15.5	9.9	12.7	-2.3	19.0	14th	5.7	30th
July	16.4	19.3	11.9	15.6	-0.7	25.9	17th	8.4	12th
August	17.2	20.2	11.4	15.8	-0.5	24.0	22nd	5.0	10th
Sept.	13.4	17.5	9.1	13.3	-1.6	22.2	1st	5.0	15th
October	12.3	15.1	8.9	12.0	-0.5	12.0	21st	-0.1	21st
November	7.7	10.7	4.4	7.5	-0.9	6.4	24th	-1.0	25th
December	7.9	10.3	5.0	7.6	+1.9	12.3	5th	-0.1	31st
Year	10.7	13.7	7.1	10.4	-0.1	25.9	17th July	-9.3	6th Jan.

METEOROLOGICAL ABSTRACT

	1967	1968	1969	1970	1971	1972
Highest Shade Temperature (°C.)	24.5	26.0	27.0	25.5	27.3	25.9
Lowest Shade Temperature (°C.)	—6.5	—4.0	—5.0	—5.0	—9.5	—9.3
Mean Maximum Temperature (°C.)	14.0	13.3	13.9	13.8	14.3	13.7
Mean Minimum Temperature (°C.)	8.0	8.2	7.0	6.8	7.0	7.1
Mean Temperature (°C.)	10.8	10.5	10.3	10.4	10.6	10.4
Total Rainfall (millimetres)	831	947	757	791	501	829.2
Hours of Bright Sunshine	1863.5	1606.8	1767.4	1848.4	1932.8	1702.4
Number of Days with Sunshine	291	289	280	293	290	285
Greatest daily amount of sunshine (hours)	14.6	14.4	14.5	14.8	15.1	15.3
Highest Barometer Reading (inches)	30.79	30.73	30.70	30.70	30.69	31.06
Lowest Barometer Reading (inches)	29.00	28.81	28.70	28.85	29.06	29.00

REMARKS — 1973

RAINFALL

The year's rainfall (533.7 mm.) fell short of the average over the last ten years by 242.3 mm., the driest months being February (22.8 mm.) and March (15.1 mm.). The greatest monthly rainfall (71.9 mm.) occurred in July and the greatest daily rainfall (33.0 mm.) occurred on the 14th of the same month.

SUNSHINE

Sunshine (1787.0 hours) exceeded the average by 19.6 hours. The greatest amount (15.5 hours) was recorded on the 14th June. In May and July respectively there was only one day without sunshine.

TEMPERATURE

The year was generally mild. The Mean Maximum Screen temperature as 14.3°C and the Mean Minimum Screen temperature 7.1°C , giving a range of 7.2°C . The highest Screen Maximum (28.2°C) was recorded on the 16th August and the lowest Screen Minimum (-3.2°C) on the 2nd December.

There were slight snowfalls on the 23rd and 25th February, the heavier (2.5 mm.) on the latter date.

THE WINDS

Observed daily at 0900 B.S.T. and G.M.T.

1973 Month	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
January	1	7	2	3	0	2	7	0	9
February	2	1	0	0	0	4	10	2	9
March	4	8	2	1	1	7	2	2	4
April	4	7	2	1	0	3	2	9	2
May	0	4	6	4	1	9	3	4	0
June	2	4	3	2	0	9	3	5	2
July	3	6	3	0	1	11	2	4	1
August	1	5	8	0	0	9	3	1	4
September	2	6	6	0	1	4	7	1	3
October	1	8	4	1	0	4	5	1	7
November	1	3	1	4	0	2	8	6	5
December	2	4	0	2	2	7	6	3	5
Total	23	63	37	18	6	71	58	38	51

RAINFALL

1973	Total Fall mm.	Percentage of Average	Days 0.2 mm. or more	Days of 1.0 mm. or more	Greatest fall in 24 hours	Date	Rainless Days
Month							
January	34.1	77	7	7	8.4	14th	13
February	22.8	51	3	5	7.4	12th	17
March	15.1	34	1	5	5.6	1st	24
April	42.3	95	3	6	16.4	1st	19
May	64.0	144	3	15	11.0	22nd	11
June	38.6	87	0	3	20.9	19th	27
July	71.9	162	2	6	33.0	14th	23
August	24.2	54	2	4	10.2	5th	25
September	58.8	132	4	9	16.0	14th	16
October	70.5	159	4	6	31.0	15th	18
November	34.4	77	8	7	9.5	28th	13
December	57.0	128	4	11	16.5	22nd	11
Year	533.7	100	41	84	33.0	14th July	217

BRIGHT SUNSHINE

1973 Month	Actual Sunshine (Hours)	Percentage of Average	Greatest Daily Amount (Hours)	Date	Number of Days with Sunshine Recorded	Sunless Days	Cloud Amount 1—8 9 a.m.
January	35.9	24	6.3	22nd	13	18	6.4
February	93.5	63	9.5	27th	20	8	5.1
March	174.9	117	11.1	22nd & 29th	27	4	4.2
April	192.5	129	12.6	26th	26	4	3.8
May	189.2	127	13.9	26th	30	1	5.4
June	250.5	168	15.5	14th	27	3	3.3
July	217.0	146	14.6	3rd	30	1	4.9
August	223.4	150	12.7	1st	25	6	4.0
September	157.4	106	10.6	8th	27	3	4.5
October	119.3	84	10.0	1st	21	10	5.3
November	75.1	50	8.9	6th	17	13	5.4
December	58.3	31	6.8	31st	16	15	5.8
Year	1787.0	100	15.5	14th June	279	86	4.8

PRESSURE

Barometer Readings in inches at 0900 hours B.S.T. and G.M.T.

1973								
Month	Mean Inches	Highest Inches	Date	Lowest Inches	Date	Relative Humidity %	Vapour Pressure (Millibars)	
January	30.15	30.65	8th	29.21	20th	90.4	8.4	
February	30.00	30.55	3rd	29.15	13th	84.4	7.9	
March	30.28	30.59	7th	29.65	24th	79.0	8.3	
April	29.97	30.43	17th	29.06	28th	72.3	8.1	
May	29.92	30.36	12th	29.47	20th	80.9	11.3	
June	30.22	30.55	5th	29.91	1st & 28th	74.8	13.7	
July	30.00	30.33	27th	29.41	15th	75.6	14.9	
August	31.08	30.34	12th	29.64	6th	80.5	16.7	
September	30.05	30.44	11th	29.71	28th	80.1	14.3	
October	30.16	30.54	25th	29.15	16th	83.4	11.2	
November	30.17	30.54	20th	29.61	4th	83.1	9.3	
December	30.35	30.50	2nd	29.01	22nd	89.1	8.6	
Mean	30.20	30.65	8th January	29.01	22nd December	81.1	11.5	

TEMPERATURE OF THE AIR (C)

1973	9 a.m. Mean	Max. Mean	Min.Min. Mean	Max & Min. Mean	Difference from Average	Highest	Date	Lowest	Date
January	5.7	8.3	3.8	6.0	+0.4	11.7	3rd	-0.5	21st
February	5.6	8.7	3.4	6.0	+0.5	11.4	20th	-2.4	26th
March	7.5	11.0	1.2	6.1	-1.0	15.0	19th	-1.4	9th
April	9.3	12.6	4.3	8.5	-0.9	17.6	17th	-1.3	10th
May	11.9	14.8	8.2	11.5	-0.7	19.6	26th	2.0	15th
June	16.1	19.4	10.7	15.0	-0.2	25.0	23rd	4.2	2nd
July	17.2	20.2	11.9	16.0	-0.8	24.8	12th	8.4	23rd
August	18.1	21.4	13.6	17.5	+0.4	28.2	16th	9.4	1st
September	15.6	19.0	11.5	15.3	Nil	25.2	8th	6.5	23rd
October	11.2	14.6	7.2	10.9	-1.3	18.6	4th	3.0	1st
November	8.2	11.7	5.5	8.6	-0.3	16.1	8th	-2.3	26th
December	6.2	9.7	4.2	6.9	+0.2	12.4	4th	-3.2	2nd
Year	11.5	14.3	7.1	10.7	-0.3	28.2	16th August	-3.2	2nd Dec.

METEOROLOGICAL ABSTRACT

	1968	1969	1970	1971	1972	1973
Highest Shade Temperature (°C)	26.0	27.0	25.5	27.3	25.9	28.2
Lowest Shade Temperature (°C)	—4.0	—5.0	—5.0	—9.5	—8.6	—3.2
Mean Maximum Temperature (°C)	13.3	13.9	13.8	14.3	13.7	14.3
Mean Minimum Temperature (°C)	8.2	7.0	6.8	7.0	7.1	7.1
Mean Temperature (°C)	10.5	10.3	10.4	10.6	10.4	10.7
Total Rainfall (millimetres)	947	757	791	501	829	533.7
Hours of Bright Sunshine	1606.8	1767.4	1848.4	1932.8	1702.4	1787.0
Number of Days with Sunshine	289	280	293	290	284	279
Greatest Daily amount of Sunshine (hours)	14.4	14.5	14.8	15.1	15.3	15.5
Highest Barometer Reading (inches)	30.73	30.70	30.70	30.69	30.55	30.65
Lowest Barometer Reading (inches)	28.81	28.70	28.85	29.06	28.86	29.01

WEYMOUTH SUNSHINE HOURS RECORD SINCE 1895

<i>Year</i>	<i>Hours</i>	<i>Year</i>	<i>Hours</i>	<i>Year</i>	<i>Hours</i>	<i>Year</i>	<i>Hours</i>
1895 ...	1953.7	1915 ...	1729.8	1935 ...	1706.2	1955 ...	2009.4
1896 ...	1904.0	1916 ...	1677.5	1936 ...	1549.3	1956 ...	1855.4
1897 ...	1827.5	1917 ...	1653.5	1937 ...	1628.5	1957 ...	1851.2
1898 ...	1828.4	1918 ...	1804.9	1938 ...	1646.6	1958 ...	1607.7
1899 ...	2030.2	1919 ...	1803.5	1939 ...	1786.4	1959 ...	2083.1
1900 ...	1624.7	1920 ...	1523.4	1940 ...	1883.3	1960 ...	1834.7
1901 ...	1675.9	1921 ...	1934.6	1941 ...	1669.0	1961 ...	1835.8
1902 ...	1421.4	1922 ...	1748.0	1942 ...	1663.0	1962 ...	1845.2
1903 ...	1554.0	1923 ...	1695.6	1943 ...	1769.0	1963 ...	1622.6
1904 ...	1675.6	1924 ...	1687.6	1944 ...	1741.1	1964 ...	1734.5
1905 ...	1706.9	1925 ...	1710.1	1945 ...	1564.9	1965 ...	1731.8
1906 ...	1908.3	1926 ...	1554.4	1946 ...	1648.2	1966 ...	1778.4
1907 ...	1784.1	1927 ...	1692.7	1947 ...	1626.2	1967 ...	1863.5
1908 ...	1875.9	1928 ...	1898.9	1948 ...	1877.5	1968 ...	1606.8
1909 ...	1938.3	1929 ...	2024.1	1949 ...	2055.3	1969 ...	1767.4
1910 ...	1693.7	1930 ...	1803.7	1950 ...	1820.6	1970 ...	1848.4
1911 ...	2090.9	1931 ...	1582.8	1951 ...	1828.3	1971 ...	1932.8
1912 ...	1582.4	1932 ...	1554.4	1952 ...	1895.5	1972 ...	1702.4
1913 ...	1583.7	1933 ...	1987.3	1953 ...	1916.5	1973 ...	1787.0
1914 ...	1826.8	1934 ...	1807.0	1954 ...	1711.0		

Greatest amount of Sunshine in one year: 2090.9 in 1911

Least amount of Sunshine in one year: 1421.4 in 1902

Average Sunshine: 1765.8.

